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DRUG PREVENTION AND EDUCATION

HEARING

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

EXAMINING THE ISSUES OF WHAT WORKS, WHAT FAILS AND WHAT THE FEDERAL GOVERNMENT SHOULD BE DOING TO COMBAT THIS NATIONAL SCOURGE

SEPTEMBER 26, 1989

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DRUG PREVENTION AND EDUCATION

TUESDAY, SEPTEMBER 26, 1989

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:22 a.m., in room SD-430, Senator Edward M. Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Simon, Adams, Cochran, Durenberger, Kassebaum, and Coats.

The CHAIRMAN. We are going to come to order. It is a little unusual to get started prior to the time of the announcement of the hearing, but we have Mr. Fernandez, the superintendent of the Dade County School System. And since we have a principal from that area, I thought if he would be good enough perhaps just to make some opening comments—and he has a plane to catch, so he is going to have to necessarily absent himself.

After he does the introduction, we will go back to the regular order of the hearing. I will make an opening comment. Hopefully, Senator Hatch will be here to make an opening comment, and then we will proceed as we would otherwise. But we don't want to lose the opportunity to hear from a very distinguished educator, and I would recognize Mr. Fernandez at the present time.

STATEMENT OF JOSEPH FERNANDEZ, SUPERINTENDENT, DADE COUNTY SCHOOLS, MIAMI, FL

Mr. FERNANDEZ. Thank you, Senator Kennedy. First of all, let me thank you for affording us the opportunity to talk about some of the things we are doing in our district in order to attack the drug problem.

I would like to say that the thrust of our approach is holistic. In other words, we are not trying to do it alone. We are doing it with community-based organizations, the State attorney's office, public agencies, and the Public Safety Department. We are trying to bring in all the players that are critical to making this thing work.

This last board meeting, I might add, we passed, we think, one of the most progressive rules on creating a drug-free workplace where we are requiring the testing of all incoming employees and where we have put in the contracts with all of our various unions, with the agreement of the unions, I might add—they have worked with us on this—language that would allow us to, in fact, provide testing if we have any suspicions that an employee is involved in some sort of substance abuse, along with some prescriptive measures to try to

help that employee. But we think that it is a very progressive position that we have taken.

We have also created drug-free school zones where we have gone around our community and posted signs in every one of our schools indicating that anyone caught dealing, selling, carrying, or using any sort of narcotics or drugs will get the full brunt of the penalties that will be imposed on them. And that, again, we couldn't do by ourselves; we needed the help of everybody involved.

Beyond that, the major piece, we think, is what is happening in the schools in terms of the type of mentorship programs, the type of counseling programs, the type of educational programs that we have put in place to help students.

I might add that in the last report that we had in our schools, our incident reports in terms of drug usage or possession have dropped by about 17 percent. I believe those statistics because there is absolutely no benefit or advantage for a principal or a school not to report that, since their allocation of resources for security and things of that nature are based on the incidence.

So we think that we are starting to make a dent. One of the major reasons that is happening, Senator, is because of a principal like Mr. Jeff Miller, who has been recognized statewide and nationally in terms of having one of the most effective drug programs in his school.

And we have taken the liberty of asking one of our students, Chris Toledo, who was one of the students involved in using drugs and whose life has literally turned around as a result of the program in Jeff's school.

So I think you will be interested to hear what they have to say, and I thank you for giving us this opportunity, Senator. I apologize for having to leave, but I know you understand.

Opening Statement of Senator Kennedy

The Chairman. Thank you very much. We thank you very much for being willing to come up here earlier today and to speak about strengthening our teachers in our country, and also for taking the time here. We wish you well, and we are going to be continuing to call on you in the future to help guide us. Thank you very much.

Prevention programs are our most effective and humane weapons in our war on drugs. Each child, adolescent, or young adult who never starts taking illegal drugs is one more family tragedy avoided, one less addict who must enter treatment, and one less potential prison inmate.

The results of the national prevention effort to date are encouraging. In 1987, the number of high school seniors who used cocaine dropped 19 percent. In 1988, the number dropped an additional 23 percent. These encouraging trends were the direct result of the increased numbers of students who recognize the danger of using cocaine just one or two times. Nationally, the number of Americans using any illegal drug during the prior month dropped 37 percent.

The best prevention programs show even more impressive results. The Seattle Social Development Project targets children in the early primary grades. By the time students in the project reached the 5th grade, their use of the gateway drugs of cigarettes,

alcohol, and marijuana was 25 percent lower than students not participating in the project.

The Kansas City program, which emphasizes peer group counseling, resistance skills, and broad community involvement, cut cocaine use among 10th graders by more than two-thirds compared to students not participating in the project.

But as impressive as the gains that have been made, the gap between what has been accomplished and what remains to be done is still vast. Twenty-three million Americans used an illegal drug last month; almost 40 percent of high school seniors used an illegal drug last year, and 250,000 high school seniors used cocaine.

In the face of these statistics, our current investment in prevention seems woefully inadequate. At current appropriation levels, more than 500 communities around the country will have submitted prevention projects to the Department of Health and Human Services which were good enough to be approved, but for which no funding was available.

The Federal Government spends only $4.40 per school child in prevention and education, and adoption of the President's new program would increase that by only $.70. One-quarter of high school seniors do not receive so much as one minute of drug education during their entire school careers, and the number who receive the quantity and quality of drug prevention programs that experts now say is necessary almost certainly is tiny.

There is an emerging consensus as to how to make our national drug prevention effort more effective. We need comprehensive efforts that involve the whole community. School-based programs alone are not enough.

School-based programming must involve all grades, K–12, with age-appropriate materials. It does not make sense to teach 1st graders in most localities explicitly about drugs, but it does make sense to begin to lay a solid groundwork of peer resistance skills.

Programs for younger children should have a heavy focus on gateway drug use prevention. Alcohol, tobacco, and marijuana are a key pathway to the use of hard drugs. Peer counseling is one of the most effective methods of preventing drug use and is a central feature of most good programs.

Early identification and assistance to those most at risk is important. Children of drug or alcohol abusers, for example, start out with two strikes against them. They may need more assistance than a standard program would provide.

And, finally, we need more Federal resources. Our schools and communities are on the front lines of the drug war and they cannot do the job alone. If we are serious about winning the battle, the Federal Government must vastly increase the scale of its own efforts.

Our witnesses today represent a wealth of front-line experience in the war on drugs and I look forward to their insights about what works, what fails, and what the Federal Government should be doing to combat this national scourge.

Let me point out that we are impressed that a bipartisan agreement that was worked out last evening, is going to increase the funding in terms of the education and prevention and rehabilitation aspects of the President's program.

It is particularly important that over 50 percent of any of the new funds are going to be in this particular area. There is an increasing awareness that dealing with the demand side is certainly as important as the supply side. We certainly support effective measures on the supply side, but I think we are seeing, at least with that bipartisan agreement, increasing attention and awareness of what is possible on the demand side.

I recognize Senator Coats.

Opening Statement of Senator Coats

Senator Coats. Thank you, Mr. Chairman. I want to commend you for holding this hearing and for continuing to pursue your interest on this important topic. Our efforts in the education and prevention of drug use are the key to victory in a drug crisis made particularly traumatic by the fact that it selects its victims from among the young.

No other problem this Nation faces targets children so directly. No other problem so immediately threatens our future, since it destroys those who will create it.

Today, four out of 10 high school seniors use illegal drugs regularly; one of 12 uses cocaine. The average age for first-time drug use has dropped below 13. To most students, you don't have to prove the drug crisis real; they have seen how education is disrupted by addiction. They have seen how families are torn apart by the lies that mask abuse, and they have even seen a friend go to smiling self-destruction convinced until the end that they could handle their drug use.

But no one can handle it. Millions of young men and women have found themselves in a form of slavery, slavery to temporary and empty pleasures. Drug use might best be called the great trivializer, dissolving ambition into apathy, changing promise into passivity, and transforming leadership into lethargy. It is a rejection without a program; it is a refusal of what is without a vision of what should be.

This drug crisis requires action on a number of fronts. We need tough law enforcement, we need effective crop eradication, we need higher rates of drug interdiction. Battles must be fought at every point of struggle and need.

But when you get down to its fundamental cause, drug use will not be ended by these measures alone. When we speak of a drug crisis, we are really talking about a crisis of personal belief and behavior, a crisis of individual motivation and action.

Our challenge is not just to destroy illegal substances; our greatest challenge is to change minds, convincing individuals, especially our youth, that there is a drug-free standard we expect and demand that they meet, while providing compassionate rehabilitation to those who fail to meet that standard.

These are all reasons why I am particularly looking forward to the testimony of Dr. Robert Hignite from my own State of Indiana. He is the substance abuse coordinator of Emmerich Manual High School in Indianapolis, and has helped develop a program that trains students not only to help themselves, but to be more aware and concerned for their classmates.

The goals are to assist their friends who may not only be suffering from the temptations of drug and alcohol abuse, but also suffering from the effects of divorce, the strains of poor academic performance, and other personal dilemmas.

I am encouraged that not all the news from the front is bad. A study recently released that you referred to, Mr. Chairman, by the National Institute for Drug Abuse stated that the number of people using illegal drugs has fallen by 37 percent in the past 4 years.

Casual users and potential users are apparently beginning to just say no. They are taking note of the havoc that drugs can wreak on their lives, and they are heeding the message of society heard in our schools, churches, workplaces, government and, most of all, in our homes and families that we will no longer tolerate any use of drugs.

However, as William Bennett has noted, we are now fighting two drug wars, and while we are winning the first, we have not even turned the corner in the second—the problem of chronic, addictive use of cocaine, crack, and heroin.

That same NIDA study noted that the number of people using cocaine at least once a week increased by one-third. Those who are still using drugs are using more of them, especially in our poor and inner city areas. Attacking these hard-core cases is a difficult challenge, and we will require the availability of effective education and prevention programs.

There is no doubting that the intentions of the Congress in the drug war are admirable, but sincerity is not the measure of our success. Virtuous motives, crippled by inertia and timidity, are no match for an aggressive and profitable drug trade. There is little value in the words of the well-meaning if they lack the resolution to act.

With that said, we simply cannot throw money blindly and indiscriminately at the problem. We need to provide the resources, but those resources need to go to the places that do the most good. Within the field of education and prevention, we must know how our dollars are being spent, and I am in full agreement with the Chairman of this committee that we must know what is working and what is not.

I hope that our witnesses today can shed some light on some of these questions and I look forward to their testimony.

The CHAIRMAN. Thank you very much, Senator Coats, and now we will go to our first panelists. We welcome all of them here today. They are going to be talking about school and community-based drug education and prevention programs.

I will first introduce Jeff Miller, the principal of W.R. Thomas Middle School in Miami, FL. Mr. Miller has been the principal at this school for 4 years. He will describe what Dade County, one of the hardest hit drug areas in the country, is doing to fight drugs in the schools.

Then we will hear from Christian Toledo, a 17-year-old, 11th grade student at Southwest Senior High School in Miami. Chris is a real success story, having successfully won the battle with drugs.

And then we will hear from Dr. Mary Ann Pentz, associate professor of research, University of Southern California School of Medicine. Ms. Pentz has done extensive research in the area of drug

education and prevention. She will tell us what studies have found to be particularly effective in drug prevention and education, and will describe the results of the Midwestern Prevention Project in Kansas City.

So we are very glad to have you, Mr. Miller. And, Mr. Toledo, we are glad to have you. I don't know how many times you have testified before committees, but we want you to relax. We have gone over your past story and I think it is an important and inspirational message, so we look forward to hearing from you. And we hope we will be able to take some of the points that you make and share those with our colleagues on our committee and in the Senate.

Mr. Miller, would you proceed, please?

STATEMENT OF JEFFREY A. MILLER, PRINCIPAL, W.R. THOMAS MIDDLE SCHOOL, MIAMI, FL; CHRISTIAN TOLEDO, ELEVENTH GRADE STUDENT, SOUTHWEST SENIOR HIGH SCHOOL, MIAMI, FL; AND MARY ANN PENTZ, ASSOCIATE PROFESSOR OF RESEARCH, UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE, PASADENA, CA

Mr. MILLER. Senator Kennedy, Senator Coats, as you have mentioned, my name is Jeff Miller, and I am starting my 5th year as principal of W.R. Thomas Middle School in Miami, FL. I am here today to speak to you about our drug education efforts. W.R. Thomas has been recognized by the National Drug-Free Schools Program as a leader in this area.

For the past 3 years, we have been involved in a proactive approach to combatting drug abuse. Before I go into some detail about the program, it would be helpful to this committee if I reviewed the school's background.

W.R. Thomas is a fairly large middle school, housing 7th, 8th, and 9th graders. Our student population is 1,650, and our students range in age from 12 to 17 years old. The school is 85 percent Hispanic, 14 percent Anglo, and 1 percent other.

Economically speaking, our students come from diverse backgrounds. We have students living in $250,000 homes and students newly arrived from Latin America living in trailers or in apartments with two or three families. The school sits in a neighborhood that was once labeled by the Miami Herald as "Cocaine Alley."

In previous years, the community's image of W.R. Thomas was not at all favorable. Incidents of possession and sale of drugs on and around school grounds encouraged parents to send their children to other schools. This attitude confirmed the belief of the school's administration that a preventive, informative and totally comprehensive substance education program was needed immediately.

The primary thrust was to inform students, staff, parents, and the community of the ills of drug use, and to deal with any present or future problems of substance abuse.

Due to the impending "Crack" cocaine dilemma, we felt it was necessary to take a strong stance and implement an aggressive drug education program. Initially, we educated our faculty and staff. This included reviewing the district's and school's drug policies and step-by-step procedures for dealing with any infractions.

Assisted by experts from the Metro Dade Police Department, school employees learned to recognize the tell-tale signs of drug abuse. We conveyed the philosophy that fighting drug abuse had to be a total school commitment.

In order for our program to be successful, we strongly believed that every student had to be trained in the skills needed to combat the pressures of drug use. It was clearly evident that turning on to drugs was a negative response to some other underlying problem. Our approach gave students a means of dealing with these problems in a more positive fashion.

Through our Project Trust program, we have addressed the contemporary issues affecting the lives of young people. Every incoming student is exposed to this curriculum, which emphasizes the development of self-esteem and makes no allowances for substance abuse.

In addition, our Project Trust counselor has established groups for peer counselors, children of alcoholics or addicts, speakers of other languages, and other related problems. We also have an evening intervention component requiring student and parent attendance.

The involvement of our parents and community definitely enhanced the success of our program. The PTSA and Citizens Advisory Council provide assistance and feedback in an ongoing manner. The business community has been more than generous in their contributions to our student recognition programs.

Community agencies such as the Miami Coalition, the Miami Bridge, Informed Families, Charter Hospital, Switchboard of Miami, Youth Crime Watch, and HRS have provided us with training assistance and the latest information available. Additionally, the School Resource Officer Program sponsored by the Metro-Dade Police Department, and their Saturday intervention program, SCORE, have proven to be invaluable resources.

It is imperative that this committee understand that in addition to the positive approach I have just talked about, that every State, district, and school establish a clear-cut and hard-line policy on drug abuse. The policy must be well publicized and strictly enforced.

Based upon Florida statutes and Dade County district procedures, our school policy emphasizes a "Zero Tolerance" message to the entire student body. We have severe consequences for the sale and repeated use of drugs, and this is paramount in establishing a long-range drug-free environment.

In conclusion, I implore the committee to look at what is happening in the State of Florida, the Dade County School System and, in particular, at W.R. Thomas Middle School. Because of the efforts of our commissioner of education, Betty Castor, and the superintendent of Dade County Schools, Joseph Fernandez, we have been able to implement a documented, effective drug education program.

As a result of their priorities, funds from the Anti-Drug Abuse Act of 1986 have been appropriately allocated at the State, district, and school level. It is no secret that a program's success is contingent upon the support of its leaders.

What we have been doing for the past 3 years can be, and should be, replicated throughout the Nation. We are a Nation at risk, but

the war on drugs can be, and has to be, won. Our hope is in the hands of today's youth. We must dedicate ourselves to this endeavor. Thank you.

The CHAIRMAN. Thank you very much. I think the way we will proceed is we will hear from Christian, who has been involved in these programs, and then question you and then come back to Mary Ann Pentz, if we could.

Christian, we are glad to have you here and we are interested in hearing your story.

Mr. TOLEDO. My name is Christian Toledo. I am 17 years old and I attended W.R. Thomas Middle School. When I first got to that school, I would hear rumors that the school is full of drugs and crime, and sure enough when I got there, it was full of drugs and crime.

And in the 7th grade I started using drugs, and me and a group of friends, we would start stealing cars and doing bad stuff kids do. And when Mr. Miller came in, the program started and we were all like, that ain't cool, you know; they don't really want to help us.

But me and my friend—he used to be in a gang, and we started listening to them. We really thought they cared, and we would go to the groups and we would let out our problems and they would really care for us. They would show it; I could come to them for any problem I had, and slowly but steadily, I would get off drugs. I got slowly off drugs and I stopped doing crime, and my friend got out of his gang.

And my friends, the ones who didn't listen to us, right now they are in jail, and if they would have listened to us, they wouldn't be there right now. And I am glad I got the opportunity to go to that school because if I wouldn't have gone to that school, I probably would still be doing drugs and still be stealing cars and doing the delinquent stuff I used to do.

The CHAIRMAN. Good. Well, thank you for telling us about it. Let me, if I could, just ask you a few questions. What do you think finally, you know, helped you to make up your mind. How did you decide to give up sort of the lifestyle and the use of drugs?

Mr. TOLEDO. I realized that what they were telling me was for my own good. It wasn't just to help me; it was really for my own good, and they were like my parents. I would come to them when I had problems and they really cared, and I could see it in their eyes and the way they talked to me that they really cared for and that really helped me a lot.

The CHAIRMAN. Did the help they gave you involve talking with you and working with you and trying to deal with some of these other problems that you were facing?

Mr. TOLEDO. Yes. We would have a group like two times a week and if you had a problem, you could come to Mr. Miller or you could come to the peer counselor and they would talk to you like as a friend, not as a teacher, and they would really help you out a lot.

The CHAIRMAN. We have been joined by Senator Adams and Senator Kassebaum. We have a very interesting principal of a school that has really turned that school around in a very, very important and impressive way, with a school drop-out rate being dramatically below other schools in that area. He has been very effective.

And we are hearing from Christian Toledo, who has been involved earlier in the 7th grade in the use of drugs and now has worked through the school programs and is telling us about it.

What happens when you go home in the afternoon? Do a lot of your friends try and put pressure on you to use drugs?

Mr. TOLEDO. Yes. My friends thought I wasn't cool no more. You know, they really didn't want to hang out with me, but I really didn't care because I saw the view they were giving me and it was a lot better than staying with my friends and staying out late and doing drugs. I really thank Mr. Miller for helping me out when I needed it.

The CHAIRMAN. Now, what happens to students—say, your friends who are in the school who are found using drugs? What happens to them?

Mr. TOLEDO. They get caught and they will get taken to the office and there will an officer there waiting for them. And I had a friend who—they caught him with something in school and I was telling him, don't ever bring anything to school because this is not the place to bring drugs to. If you want to do drugs, get out of here, and I got in a fight with him and I have never talked to him since then.

The CHAIRMAN. What advice would you give to a friend who is using drugs? What help would you try to get them?

Mr. TOLEDO. I would tell them to go get help. I would even tell them to go talk to Mr. Miller and the peer counselor teacher because they really helped me a lot. They got me off drugs. I really didn't believe I could get off drugs, and I did.

The CHAIRMAN. Did you find that some of the programs were more helpful than the others?

Mr. TOLEDO. Yes. The program at W.R. Thomas is very helpful because the staff, Mr. Miller and the teachers, they really care about you and they talk to you as a friend, not as a teacher. They tell you to come to them with any problem or any circumstances you have, and that really helped me a lot.

Mr. MILLER. Senator, if I could just make a few comments about what Chris was going through, you know, one thing that we have learned early in our program that we found was very critical is that learning is not going to take place in a classroom when there are such problems going on around a student's life.

You know, we don't treat this program as only a drug abuse program. We look at other problems. You have kids going home to empty homes; you have students going home to parents who are addicts or alcoholics themselves, parents who abuse them.

What we have tried to convince our students is that we teach them coping skills, skills where they can cope with what is going on in their lives—as Chris mentioned, dealing with friends or parents or relatives who are doing things that are negative in behavior—until they are old enough to go ahead and make their own decisions, and that is a very critical part about our program.

You know, we are not going to be able to change lives surrounding our students for the most part, but we can impact our students' thinking. We realize, as I mentioned earlier, that turning on to drugs really is because of something else. And many kids come into schools every day and they don't realize that the problems that

they are having at home are problems that many other students across the Nation share.

They feel that they are the only one suffering from this, and therefore they turn to negative behavior like drug abuse. We have opened that up. We have opened it up through our prevention and intervention to where those students are now sharing these thoughts and are getting help, and I think it has been a big plus for our program.

The CHAIRMAN. What kind of ties do you have to other programs outside the school?

Mr. MILLER. That is, again, a very critical part of our program. As you are well aware, students don't want to hear from one person or just several people; they want to hear from everybody. We use our community agencies in all respects. We use businesses; they help us with our positive approach to the problem. They help us with financing our rewards and awards. They help us with field trips when we send kids to the jailhouse. We try different things.

The community agencies bring in speakers, and sometimes the speakers are very effective. We use a positive approach, and sometimes we bring in a medical examiner and he uses a more, I guess, direct, crass approach to showing the students what can happen with use of drugs. So we do use our community and businesses.

The CHAIRMAN. You have pretty tough policies in terms of the incentives and the disincentives. Tell us a little bit about what you do with the kids that are not willing to play by the rules.

Mr. MILLER. I think Chris can tell you that, also, but let me just again—I mentioned about the tolerance policy. It is important that every school in the district and in the Nation recognize how important that really is.

Students at this age or any age are going to push you as far as they possibly can. You know, they know the parameters involved in coming to school and things they should and should not be doing.

It is important that there is a clear message to the students that we are here to help you; that if you or a friend are experiencing drug abuse problems, come to us and we will help.

However, we make it very clear over and over again that if we catch you with drugs on school grounds, selling drugs, that there will be severe consequences, including possibly expulsion from the Dade County schools.

We don't give up hope on the students. There are work-back programs, and that requires them to go to prevention and treatment. But it is very important that every school establish a hard-line policy on drug use, and I think Chris will tell you that because some of his friends did listen and some did not listen.

The CHAIRMAN. What happens to those kids? You have moved down to one of the lowest drop-out rates in the school system.

Mr. MILLER. Absolutely.

The CHAIRMAN. But what happens to those kids that are told they can't participate in the Dade schools? Where do they go? Do you know what happens?

Mr. MILLER. Sometimes, we recommend full-time shelters for them, full-time programs, and we do use, again, community agencies for that. We do send them to the Miami Bridge if it is a severe

enough problem. We also have what is called a work-back program for Dade County schools where a child can sign a contract of things that they need to do to work their way back into the Dade County school system.

They are getting home education and there has to be commitment on their part to do some things especially in the area of drug prevention.

The CHAIRMAN. What would you do if you had some additional resources?

Mr. MILLER. One thing we have found with the program is that we work very hard getting the resources that we have to keep our program going. It would be nice not to have to spend many of our hours trying to solicit funds from outside groups.

If funding was available, I would definitely increase the amount of peer counseling that we have at the school, the amount of groups that we have. I would definitely ask for additional counselors. We need to somehow reach the students; they need to know that this program is available. And although we have been successful, you have to understand that many other things had to suffer because of this program.

It was a priority for us, and the residuals have been tremendous. We have a positive atmosphere. We had absolutely no incidence of possession or sale of drugs in the school last year, and if you knew the school prior to this, it is truly amazing. We are happy with the results, but it is an uphill battle and it is an ongoing battle and the resources must be available.

The CHAIRMAN. The President proposes to take away all Federal funds from school districts if they don't have a drug-free campus policy and sanctions, including expulsion of students found with drugs. Is that too extreme?

Mr. MILLER. It might be too extreme with the expulsion situation. I think we need to be looking at repeated use or those who have ignored other steps. We have intervention programs at our school and we do ask our students and parents to be involved in treatment if they are caught initially with drugs.

However, again, as I mentioned, every school must establish a drug-free school and every school must have severe consequences. I think we need to look at the expulsion to see what steps are taking place prior to an expulsion.

But you have to keep in mind, also, Senator, that we try to deal with every individual that walks in our school doors. It would be naive to think that we are going to save everybody. We do the best we can.

The CHAIRMAN. Senator Coats.

Senator COATS. Thank you, Mr. Miller, and thank you, Christian, for your testimony before the committee. I commend you for the program that you have undertaken and the success that you have achieved. We are struggling to find examples and models of programs that are effective, that bring about proper results, and that we can direct resources into.

Mr. Miller, have you calculated the total cost of this program? What is it costing the school system, or what kind of resources are needed to make this an effective program on an annual basis?

Mr. MILLER. Well, the school system alone spends quite a bit of money on the program because the program that we have—one of the components is called Project Trust, and that is implemented in all 50 middle schools and 11 high schools. So we are looking at allocating an extra position to deal with these problems in every school, so that is a cost factor right there. Materials, supplies——

Senator COATS. And that is roughly, what a $25,000, $30,000-a-year——

Mr. MILLER. I have that figure available for you.

Senator COATS. But it is one full-time staff position, is that correct?

Mr. MILLER. Absolutely. The Dade County School System alone spends $3.5 million on this program, the Project Trust program, and that comes out to be a little bit less than $13 a student and, I might add, money well spent.

Senator COATS. And where does that money come from? What are your sources of revenue?

Mr. MILLER. Some of the money is from Federal funding, from the Drug-Free Schools money, and also we have a chapter 11 grant. And we also have local funding of a little bit more than $2 million.

Senator COATS. So $2 million of the $3.5 million is local funding?

Mr. MILLER. Yes, sir, that is correct.

Senator COATS. And you indicated that you involve the community, and particularly businesses. What is their contribution?

Mr. MILLER. Their contribution basically is financial. As you are well aware, the war against drugs is a very topical thing right now, and businesses are looking at ways to help schools.

One of the easiest ways they can help is through financing certain things that we do. We have many field trips. We do involve bringing speakers into school. We have an award program and reward programs for our students; we have turnaround awards.

We try and do everything we can to keep our students in school and keep them moving toward positive behavior. The business community has been very helpful in financing some of those things. We cannot do it alone and we need those resources.

Senator COATS. Just to get back to this expulsion question, as I understand you, you are saying you have to establish a zero tolerance policy. There may be steps that you implement in terms of reaching that. You want the students to know unequivocally that continued abuse will lead to expulsion.

Mr. MILLER. That is correct.

Senator COATS. You have built in some intermediate steps, I assume, so that you say a first offense will precipitate mandatory requirements on their part—involvement of their parents, involvement in programs, and so forth.

Mr. MILLER. Treatment, counseling.

Senator COATS. The second step involves more, and the third step is expulsion or whatever. But expulsion is a bottom-line, necessary provision in order to achieve a drug-free school environment. Is that a correct statement?

Mr. MILLER. Again, I think there have to be severe consequences. Initially, it is going to probably hurt a little bit. I think we went through that same situation, too, and Chris will tell you that there were some nonbelievers.

But if you can look at the long-range implications a tough policy has—looking now at how W.R. Thomas started 3 years ago, 4 years ago, and looking at the environment today, a hard-line policy had a major impact on the way things are today.

Yes, it is not the most positive approach, but, yes, you want to keep a safe, drug-free environment, and to do that you are going to have to sometimes take the nonbelievers and remove them from that environment.

Senator COATS. And are they then lost? Is there a way back in? Are they expelled with certain requirements—look, you meet these and we will let you back in? What is the consequence?

Mr. MILLER. Expulsion is usually for the remainder of a school year or, for the most, for a total school year. However, there are criteria for a student working his way back. It is called a work-back program where the child is still being educated at home through telecommunications. He or she is getting an education. It is an excellent program.

But in the meantime, there are some things that the child must go through, certain steps—certainly, counseling; maybe possible treatment. And that parents must document these things to get back to school. So we don't wash our hands completely of any student.

We almost washed our hands of Chris Toledo, and he is a perfect example of someone coming back. He spent 4 years at W.R. Thomas and I can tell you there were many days that I wished that he was not in my school. He was not a very positive young man. We had some good discussions. He was not seeing immediately and a few times he had to be hit on the head. We sent him home a few times and told him that this place was not for Chris until he changed his attitude.

So it is sometimes not easy, and we save the majority of our students, but you will lose a few, and that is going to be necessary to win the war against drugs.

Senator COATS. How important is the involvement of the family, the parents, in the process of both rehabilitation and exercising the kind of discipline needed, and so forth?

Mr. MILLER. Whenever we can, we involve parents. You know, we always ask for parent input, and initially when a student is caught with drugs, you know, the first person we involve is a parent. That parent is called and told of the situation.

Depending upon the cooperation of the parent also depends upon what we can do at the school level. If the parent is willing to recognize that his or her child has a problem, then certainly, you know, we go through steps for treatment.

However, as I mentioned earlier, in many instances what is happening at home is not going to help us in our fight in the school. What we do is we teach kids the skills needed to cope with what is happening at school and with what is happening at home, so they can go home and distinguish between what is right at school and what is right at home.

Senator COATS. Last question—I know I am abusing my time here. When you run into a situation where the abusing student is the child of an abusing parent, how do you deal with that situation? I mean, you really can't go to the home and say your child is

in trouble, we need your help. When you walk into a situation—maybe it is a single parent and they are abusing—what do you do in that instance? That is a situation that exists a lot particularly in our inner cities.

Mr. MILLER. Probably all too often, unfortunately, and it has happened on many occasions at W.R. Thomas. Sometimes we are appalled at what we hear once we talk with students. Yes, it does happen, and there are many things that are above and beyond the scope of what we can handle at the school.

What we do is the Project Trust counselor or any other counselor is told that when it gets to a point to where it is beyond what we can handle that they are to come to me, and then I ultimately make the decision as to whether to get HRS involved, which we do on many occasions with the local police agency, and they have been very cooperative. And we do it in a very delicate manner, also, I might add. But that does happen and you have to get outside help.

Senator COATS. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. How many did you expel last year?

Mr. MILLER. Last year, we had no expulsions from W.R. Thomas, not a single one.

The CHAIRMAN. Senator Adams.

Senator ADAMS. Thank you, Mr. Chairman. Mr. Chairman, I want to particularly thank you for continuing these hearings, and Mr. Miller, Mr. Toledo, and Ms. Pentz for being here.

Mr. Chairman, I just finished a rather, I don't want to say terrifying, but awful experience with the DC Subcommittee on Appropriations and dealing with the particular problem that we have in the Nation's Capital.

And it has been my experience on that committee that we have to first take back the streets, but once we have done that, the only choice—and this is where I want to spend my time, and I think it is my priority—should be the continuation and commencement of the kind of program that you are following.

We have to diminish this billion-dollar market, and the only way we can diminish this billion-dollar market is to make the kind of commitment that you have done and that has to be done in each and every school area, starting with the school discipline and making a major effort in the war on drugs.

Now, what I am concerned about is that one of our problems here is that we appropriate money and we adopt programs and we start institutions, and I need some advice from you as to how well we are tying our money and institutions to your local fight nationally.

Now, I see this on a day-to-day basis because I am appropriating, or the committee is appropriating into schools here, and we are not winning the fight. We are about to move this out into the Nation as a whole and we need information from you as to how we can create education and prevention.

I don't need to have you repeat your testimony, but explain to me and the committee how, as an appropriator and as an authorizing person—do you want block grants to educational groups in the area? Do you want specified programs of treatment, because I agree with you completely?

The experience that I have seen in my home city and here is that the so-called latchkey child is the one at the greatest risk and is the one that cycles not only back on to the school campus afterwards, but is at risk of attracting others to the particular home.

And it may have been in earlier years in our republic, you did different things at home, but right now our problem is drugs. And I would like to have you address that, if you would, for me.

And, Mr. Chairman, I would like to ask unanimous consent that my full statement be put in the record because it contains not only commitments and priorities and statements of what I think should be done, but I don't want to waste the witness' time with that.

I wanted to get from him what he specifically needs from the appropriating and authorizing committees, because too often, Mr. Chairman, I think we put money into institutions and into programs and they don't reach right to the areas.

So if you could answer my question and help me with that little bit, then I will try to follow your lead.

Mr. MILLER. Senator, first of all, I may just mention that your observation on latchkey children is right on target. It is something that we are seeing a lot of and, again, it is something that results in negative behavior, whether it be turning on to drugs, dropping out of school, contemplating suicide. These things have now been increasing because of the fact that students are going home to empty homes. So, you are right on target.

If you were to ask me where funding can be spent, first of all, let me say that no matter how the money is spent, there should be accountability. Allow us to show you that programs have been successful and they are being effective; we have no problem with that.

Senator ADAMS. Do you want after-school and pre-school programs? We used this once many years before on problems of just straight poverty where the child just couldn't function because there was malnutrition, and so on. Is that kind of program or approach what you are suggesting?

I agree with your no-tolerance; it is the same thing as many other things in the schools. We don't want to load on any more things than we have to, but can you handle the after-school program with the latchkey child?

Mr. MILLER. Individual schools probably cannot handle that themselves, but certainly getting funds to community agencies so that they may write grants to keep kids occupied during those hours when the parents are at work and the student is not in school would be a big help.

It is certainly one program that will have a positive impact on keeping students off the streets where they are most vulnerable to drug abuse.

Senator ADAMS. Do you think we can extend the type of discipline that you have used in the schools in some fashion into that area?

Mr. MILLER. Absolutely. In fact, I can give you one case where we have—this past year, I helped the Metro Dade Police Department write a grant for a program called SCORE, and this was a Saturday intervention program where it took our worst students from W.R. Thomas and some surrounding schools and brought them into a high school and the program was taught by police offi-

cers—right, wrong, morality, legality, all the things that unfortunately they are not getting in schools and they are not getting at home, positive reinforcement.

There was a parent component where a parent had to attend one of the Saturdays. There was also a community component where they had to do some community service. Now, this was in lieu of, say, a suspension or possibly even an expulsion.

This program was funded totally by drug recovery money through the Metro Dade Policy Department, and I thought, how ironic. I mean, here we are teaching these kids to turn off from drugs because of money that has been recovered from drug deals. So, that was a tremendous program.

Our prevention program is something that is very critical. We need to let the students know that there is an outlet for their frustrations, that there is an outlet for their negative behavior. Many, many schools do not allow students, including the Dade County schools, but across the Nation, do not allow students the opportunity to tell someone the types of problems they are having.

The reason our program has been successful is that we have given the students this opportunity, and when they speak to people about it, even their peers, they feel better about it. And then we do train them in the skills needed to take these frustrations and change them into positive behaviors, and that is a critical point of the program. So funds can be spent for prevention, absolutely.

Senator ADAMS. I don't want to take too much of your time, but I want to focus on this because this is what I feel is kind of the mission I want to take on. My daughter dealt with alternative high school education for the ones that the Chairman and Senator Coats have mentioned where you simply—you cannot handle the child within the standard thing.

She has now become a lawyer because she had to spend so much time in court with that. In other words, there wasn't a shift over; there was a shift out of the school, and then from then on it was kind of a struggle to get the child back and into a home.

I would like your thought, testimony, or any of the witnesses here, of what kind of a program might be a better substitute, because this was one foster after another until finally some of the kids her age in their 20's just took the children in and physically kept them in a place and practically lived with them in this after-school period.

There has got to be, it seems to me, a better way, but I don't know what it is.

Mr. MILLER. Senator, you know, there are several possibilities, and we have several alternative programs in the Dade County school system also. Some of them work very well and some of them sometimes are not effective. It depends upon the individual.

No matter what school it is, whether it be a suburban school or an inner city school, the students want some attention. They want to be wanted somehow even when they make mistakes. If you can direct their energies to any program, maybe a program of interest—we have some excellent programs in the Dade County schools too numerous to mention, but we don't just take a student and say you are out.

My feeling about schools and lawyers—we are not there to remove the rights of any student. That is not our intent.

Senator ADAMS. I understand that.

Mr. MILLER. We are there to help everybody, but we also understand, too, that sometimes negative behaviors of students are not going to be changed in a regular school setting and those students need to be placed in other settings where they are trained to deal with those problems.

Those programs are very valuable. They keep those students off the streets and they keep them in school and, for the most part, they change their lives around.

Senator ADAMS. Thank you very much, Mr. Miller. I appreciate the testimony of all of you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very, very much.

Senator Kassebaum.

Senator KASSEBAUM. Mr. Chairman, I will be brief because in many ways you have gone through a lot of the questions that I had, and my apologies for missing your testimony, but I read yours, Mr. Miller.

Christian, I would like to start with asking you a question which perhaps you might have answered earlier. What do you feel was the most important part of the drug programs that you worked with at school, or what was the most effective, did you think, and are there some suggestions for something else that you think could be important?

Mr. TOLEDO. I think the best part of it was they get you like—each group is like your type of people, you know, and you could go there and express your feelings, and there are people right there next to you who say the same things and it lets you—if you are in a program and a group and people aren't expressing themselves and the group ain't united, it ain't going to work.

That was the best part of it because I would go there and I would let out my feelings, and sometimes I would feel like killing myself and if it wasn't for that—if I wouldn't go there and express my feelings, I probably would have killed myself.

Senator KASSEBAUM. Now, this was the school counselor working with this group?

Mr. TOLEDO. Yes.

Senator KASSEBAUM. And you met every day?

Mr. TOLEDO. No. Twice a week, we would meet, and if you wanted to talk to her, you would go and you would leave a little note in her office and she would call you down, you know, you and her alone in the office.

Senator KASSEBAUM. Other than that, you met with the same people twice a week?

Mr. TOLEDO. Same group, a group of like 10 or 12 people two times a week. And I think if it works in Miami, in Dade County, it will work anywhere in the United States because that is one of the worst places with drugs and crime, I believe.

Senator KASSEBAUM. Mr. Miller, I would be interested in knowing—you mentioned the moneys, and a large portion of it comes from Dade County. In 1986, we funded the drug-free school program at $3 million; this year, it is $350 million in the budget.

And I think that no one begrudges that money, but I think there is some concern exactly how it is being used and the accountability for that. I would like your thoughts on where you see it being used and where you feel it could be better targeted, perhaps.

Mr. MILLER. Well, I agree again, also, that I would not want to be given something without being accountable for it. I think it is very critical that every school, school district, and State be accountable for their programs for the funding.

In the State of Florida alone, I think what we are doing is probably, again, something that the rest of the Nation should look at. We are taking the funds at the State level and then allocating them to district levels for special programs.

One, of course, is something like Project Trust. We have had many State officials at our school in the past few weeks looking at our Project Trust program to see why it works, why it is effective, and if the program can be used throughout the State. That is one way to spend the funding.

Dade County has a program that is working. We need to look at those programs that have been successful and get that information out.

Another way they have—and this is something that is very exciting for me—I have been hired by our State's Department of Education on a half-time basis as a consulting principal. What I do now is I go to other schools and districts and tell them and show them what we have done at W.R. Thomas with the hope that they can duplicate what we have done.

It will save a lot of the heartache, you know, from the opening of our program. It is a good way to get the message throughout the State that what we are doing in Dade County is working. Certainly, that can be duplicated throughout the Nation. Take those successful programs, let those people go out, you know, throughout the Nation and show other schools what can be done.

The war can be won and the money can be spent appropriately, but you are right; accountability is a must. We have not seen much of the money on the new program at the local level. But, again, if I could answer this Senator's question, I think hiring additional counselors for prevention is a must. What we are doing now is a lot of hard work. I wish the rest of the State and Nation could do what we are doing without going through the work.

Senator KASSEBAUM. And I suppose really finding the counselors trained to do effective work is going to be a key. It is not easy.

Mr. MILLER. Well, it is no secret, and when I talk to other principals in the State, I mention to them that this program is a priority. We all know that programs work because of the personnel involved in the program.

When I recognized the program at W.R. Thomas, I knew it was a must to get the perfect person to run that program, and I have. She is wonderful; she is someone who, again, is accountable. She is strict with the students, but also she is someone that the kids can come and talk with. We have many people now involved in the program, and there are people out there who can do that. And I think the message I mentioned earlier was that support must come from the top down for the program to be successful.

Senator KASSEBAUM. You went into this a little bit, but just how much are parents involved? You said you really don't like to expel because then you have lost the student.

Mr. MILLER. Exactly.

Senator KASSEBAUM. But neither do you mandate treatment. At what point do you sort of engage the student and the parent, because I assume parents are very much a part of the counseling work? Are they?

Mr. MILLER. That is correct. We have much parent input from the parents and the community as far as how the program is working, how they see the school. As I mentioned earlier in my speech, W.R. Thomas had a tarnished reputation many years ago, and that has changed. The parents feel comfortable now coming into the school, making suggestions.

We involve parents whenever it requires a student to go home. If we are sending a child home, we involve the parents. We have an evening intervention program, which again is counseling for the parents and the student, and that is a step that we use prior to suspension, because once we suspend a student from school, he is out in the neighborhood doing whatever he can do. So those parents are involved then.

Yes, they are not required, but believe me, we can be convincing.

Senator KASSEBAUM. How? That may be the key to why you are so successful.

Mr. MILLER. When you look at alternatives of what is going to happen to the student, you know, part of our counseling, of course, is to deal with the student, and we feel that we have been successful convincing students that they need help, more so than parents.

And we have those students go back to the families and parents and ask for help, and I think any parent who refuses a child when they come out and say, look, I need help—in Chris' situation right there, his mom came to us. She knew, you know, that help was needed. And once you recognize the problem and ask for our help, we are so cooperative and we work together, and we turned this young man and many, many students around in the same manner. So we can be convincing.

Senator KASSEBAUM. Just one other question. Do you think, Chris, there should be mandatory counseling and treatment?

Mr. TOLEDO. Should it be mandatory?

Senator KASSEBAUM. Yes.

Mr. TOLEDO. I think so because it prevents kids from doing the bad stuff. I was already into the bad stuff, so maybe if I would have gotten it before, I wouldn't have done all the things I did.

Senator KASSEBAUM. Had you been picked up by the police before you got in the program at school?

Mr. TOLEDO. A couple times.

Senator KASSEBAUM. Maybe you went through this earlier, but did the police at that point talk to you, Mr. Miller?

Mr. MILLER. We have a very good relationship between our school and the Metro Dade Police Department. Again, it is a key for our success of our program. Although we don't have a full-time officer on school grounds, you know, we have that contact.

When we have a student caught with drugs or selling drugs, as Chris mentioned, we contact the SRO right away. He works with

our school. So, again, that is, you know, very critical to our program, getting involved with the local police agency.

Senator KASSEBAUM. Thank you very much.

The CHAIRMAN. Thank you. Mr. Miller, I would like to ask a question on the funding and we will get on to Mary Ann Pentz in just a moment. You mentioned that it costs about $14 per student. By way of comparison, Kansas City costs about $25 per student, of which about $16 is school-based, and the rest is community-based.

Ms. PENTZ. Yes.

The CHAIRMAN. Well, if you had had $40 million, which is the amount we have in K through 12. And the cost of drug education is $25, which is broken down into $15 or $16 in the school and maybe the $6 or $7 in terms of community. Although it costs a lot of money to fund these programs when you can show the kinds of successes that you have had—it makes a lot of financial sense. I think all of us would like to be able to clone you, Mr. Miller, and also Christian Toledo, and have this program in every school system.

We are beginning to realize manageable costs for these programs. And you have done an extraordinary job at your school.

Mr. MILLER. Senator, I could just mention that being a cynic initially with the program, also, not realizing that something of this large nature could work so well, I am totally surprised and I am so pleased, you know, with what is happening at W.R. Thomas. It can work throughout the Nation.

This cannot be a partisan issue. We are looking at the future of this country and we need to reach these kids as quickly as possible. But if you stepped into the doors of W.R. Thomas, you would know that we are winning the war in places, and I encourage all of you not to give up on it; we can win the war.

The CHAIRMAN. Senator Kassebaum, as you know, part of the agreements that were worked out last night is going to permit on the remaining appropriations bills certain amendments to sort of try and at least provide some direction. We don't know how those funds can be utilized. We don't have the President's legislative proposal, but we have the areas which he is interested in.

And I am hopeful—we won't be able to get a comprehensive type of approach, but we might invite our witnesses and also, you know, the staffs and the members of the Senate to take a look at those so we can have some impact even on the moneys that are going to be appropriated this year, rather than waiting for another year. We don't want to weigh you down with additional responsibilities, but maybe you can take a look at some of those that we are looking at now.

We thank you very much.

Mr. MILLER. Thank you.

The CHAIRMAN. We are glad to have you continue to remain for the hearing, but we want to hear now from Mary Ann Pentz, who is associate professor of research at University of Southern California School of Medicine. She has done extensive research in the areas of drug education and prevention. She will summarize the results of 143 studies to indicate what works in prevention and education, what does not work, where the gaps are, and where the Federal Government can be most effective in spending new resources.

In particular, she has led the research team following the Kansas City Midwestern Project model which we, the administration, and others have been highlighting as a successful model for middle school students. It involves the schools, community, media, elected officials, and others.

We are delighted to welcome you here.

Ms. PENTZ. Senators, I am honored to be here. I would like to say first that the Department of Preventive Medicine that I am from represents over a decade of different studies. I will be reporting the results of one here, and also summarizing the results of about 143, but our results have dealt not only with drug prevention, but such issues as the latchkey issue which Senator Adams referred to before.

In fact, we have the first published study out of our department on the relationship between latchkey status and drug use.

I would like to start by addressing the question of what should work in drug prevention based on theory and epidemiological research. Most of the risk factors for drug abuse in early adolescence are social influences to use drugs. They include whether or not a young person has used gateway drugs—cigarettes, alcohol or marijuana—second to that, whether or not their peers use drugs; third, whether or not their parents use drugs, including cigarettes and alcohol; fourth, whether or not they have distorted expectations about how many people around them are using drugs—adolescents and their parents typically overestimate by a factor of two, or 100 percent—and, finally, the latchkey status.

More appropriately, what is driving, that is the issue of low parent-child communication patterns. We found that even when there is a latchkey child, if there is very positive parent-child communication and strong home rules working with that child, then latchkey status makes no difference, and that is an important factor.

In terms of, for most youth, when gateway drug use starts is around the transition to the middle or junior high school period. In urban areas, this drops down a little bit into about 3rd and 4th grade, but we found that for very young students, it is difficult to get across the idea of social influences.

If you are going to start a prevention program much earlier than 5th or 6th grade, then you need to focus, as well as social influences, on very simple moral messages: stay away from drugs, talk to your mom or dad about drugs, stay away from people who use drugs, and that is about it.

Programs that are initiated in high school—getting back to something Christian said, if they are initiated in high school, they are already too late. We have a whole history of programs that were started in the late 1960's and early 1970's that were focused primarily on high school and they showed no effects. It was already too late into the process.

In terms of approaches that are currently still popular and yet——

The CHAIRMAN. Where do you suggest they start, then?

Ms. PENTZ. If it is a matter of economics, in the transition year in middle or junior high school; that is typically grade 6 or 7 in most systems. If the school system can afford it, then they probably

should go lower into the elementary school years, but definitely by the transition year.

There are several approaches that are still popular across the United States, are fairly expensive, and have not been proven to be effective, particularly in schools. First, when schools or communities invest in mass media materials alone, including PSAs, print materials, and library materials, these have had no effect on behavior.

Second, traditional drug education approaches have not been effective, those that teach students and parents what drugs are and what they look like. Third, affective education programs that focus on values alone have not been effective. Scare tactics are not effective.

Alternative education programs that are focused simply on after-school activities with no other resistance skills types of programs have not been effective. Parent and grass-roots community efforts that have no strong school program have not been effective. Your school ties are very important.

Public speakers have not been effective. Last, we are finding in recent studies, smoking and drug policies that focused entirely on punishment with no component of support of students and long-term prevention are not effective in changing behavior.

Approaches that are effective across the country have included those that have addressed those social influences to use drugs. These include resistance skills training as adolescents get older; the coping and social skills training that you referred to; in the early elementary school years, social development programs that focus on academic achievement and support; and, finally, and more recently, community-based programs that start with a school program but go beyond that, and I would like to present results of one of those.

The results I will be presenting are from our Kansas City site. For research purposes, we refer to this as the Midwestern Prevention Project, but the local name in Kansas City is Project STAR, which I am sure Senator Kassebaum is very familiar with.

This program—there was an issue of cost before. It is important, we found, that programming costs are borne by a community. In this case, in this site, Mr. Ewing Kauffman has funded a good deal of this program, and our grant funds the research.

I would like to turn to cigarette use. This is, first, the largest project currently funded by the National Institute on Drug Abuse, and the longest-running. We have effects now from 6th grade all the way through 10th grade.

For those of you who can see the vertical shaded bars, the first part of the program, or the first year-and-a-half represents the effects of the school program alone, and these small effects—this is on cigarette use in the last month—are pretty typical effects from what can be generated from a school program alone.

But, typically, in the United States, if that is all there is, then these effects die off very quickly. The difference is made with a community-based program that continues into the following years. In our second phase, we add on a parent program to the school program and the effects are broadening even more. In the last phase, we are adding community organization and health policy change.

These effects are more long-term and larger over time than any published project that we know of at this point.

Can you turn to alcohol use, please?

The CHAIRMAN. Can I just get back to that? Could I just get that chart back?

Ms. PENTZ. On cigarette use?

The CHAIRMAN. Yes. What is the bottom line that you are getting here?

Ms. PENTZ. We are getting about—statistically, this would be equivalent to a 60-percent decrease in cigarette use in terms of how you would look at the relative reductions. There is an actual crossover from the treatment schools where they started out a little higher, actually, than controlled schools and ended up a lot lower.

In terms of the way primary prevention programs work across the country, you would expect to see a slowing down in the rate of increase and not actual decreases until about 10th or 11th grade, and that is the progression that we are seeing.

In terms of costs to the Kansas City, KS, and Kansas City, MO, area, our cost estimates on tobacco alone have estimated that we are saving about $17,000 per prevented female smoker and about $40,000 per prevented male smoker. This is in terms of lost work days, lost school days, and social costs.

Results are very similar for alcohol use, but alcohol use is harder to change in this country, and you see it is not until much later that we actually start seeing the relative decrease. This would suggest to us that it is not enough to institute one program in one grade, but you need to maintain it over time with the community support.

And, finally, the last one on marijuana—you can see the similar effects here with marijuana alone. We have had some questions nationally on whether or not reduction of gateway drug use makes a difference. We are finding by 9th and 10th grade that we are changing cocaine use as well, where about 3.7 percent of control groups are using cocaine on a monthly basis, versus 1.7 in the program groups. And we are changing lifetime amphetamine use so far—22 percent in control groups and 17 percent in program groups.

In terms of our recommendations, results that are not presented here but we have available to review are that part of the program focuses on the parental question. In our parent program, we focus on parent-child communication skills and parents actually looking at their own drug use behaviors.

And we have found a counter-pressure effect where adolescents go home and say, I am in this prevention program, I have been asked not to smoke or drink; why do you do it? And we have actually found significant changes in parental drinking behavior at this point.

Our second site of the program, Indianapolis, which started 2½ years later, is showing very similar effects at this point.

In terms of our overall recommendations out of our institute, we do feel that more money needs to be spent on drug prevention. We are estimating for a comprehensive program that it is about $24 per student; that there is a need to disseminate information about what programs do work nationally, since there are a lot of popular

programs that are expensive that are still being carried on, despite the fact that they don't work.

Third, we would like to support the idea of policies that support students as well as have a long-term prevention view, rather than just being punitive in focus. The punitive policies alone do not work.

[The information and charts of Ms. Pentz follows:]

COMPREHENSIVE COMMUNITY DRUG ABUSE PREVENTION PROGRAM

Program Description

The Midwestern Prevention Project (MPP) is a comprehensive community-based drug prevention program designed to reduce the prevalence of drug use (cigarettes, alcohol, and marijuana) in adolescents. The MPP incorporates resistance skills, competence skills, and environmental support strategies in working with youth, their families, and the entire community to prevent drug abuse (see Figure 1).

The Kansas City metropolitan area, with 50 middle and junior high schools in 15 communities, and a population of 1,500,000, was the first city to adopt this program in 1984. Kansas City named its program Project STAR, "Students Taught Awareness and Resistance." In 1987, the MPP expanded to include 57 middle and junior high schools in 11 communities with a population of about 1,000,000 in the Indianapolis metropolitan area. The Indianapolis program is named Project I-STAR, "Indiana Students Taught Awareness and Resistance."

The MPP establishes a precedent for drug abuse prevention in that it is based upon matched funding from a private sector business, two non-profit organizations, and a federal agency, and represents a formal research project as well as a service to each city. Program implementation is funded by Marion Laboratories, Inc., and the Ewing Marion Kauffman Foundation in Kansas City, and by the Lilly Endowment, Inc., in Indianapolis. Program evaluation and research are funded by the National Institute on Drug Abuse, as well as by the Ewing Marion Kauffman Foundation and Lilly Endowment, Inc., in Kansas City and Indianapolis, respectively (see Figure 2).

The five elements of Project STAR (this name will be used below to refer to both Project STAR and I-STAR) are as follows, with each program component following in stepwise progression:

- School-Based Curriculum. The core of Project STAR begins with a 10-13 session curriculum delivered to 6th or 7th grade students depending on the year of transition to junior high or middle school. Research on adolescent development has suggested that transition years are especially critical for preventive interventions because adolescents are particularly vulnerable to adoption of problem behaviors such as drug use and at the same time receptive to intervention efforts. The curriculum incorporates four key theoretical elements (correction of misperceptions, peer resistance skills, family influences and media influence). The following year, these same students receive a five-session "booster" curriculum designed to reinforce the lessons learned the previous year. The curriculum is delivered by junior high or middle school teachers. These teachers are trained by health professionals at the University of Southern California. Project STAR is generally taught in either social science or health education courses. However, each school has the option of determining the appropriate course designation for Project STAR. In high school, the program will continue with peer counseling support for drug prevention, and special emphasis on alcohol and drug prevention in driver's education classes.

- Parent Program. The second element of Project STAR is the parent program. The component is added during year two of the project. The parent program is designed to actively involve parents in drug abuse prevention. Each school forms a STAR parents group. The group consists of the school principal, four to six parents and two STAR students. STAR parents reinforce the school-based program, actively work with all parents to disseminate information about Project STAR and undertake activities to promote a drug-free environment in their community. Principals, parents and students are trained each year by health professionals at the University of Southern California.

- Community Organization. During year three, Project STAR trains community leaders. Prominent community leaders are identified and interviewed about community needs for drug abuse prevention, and then trained in resistance skills and drug abuse prevention strategies that can be disseminated throughout the staff and clients of extant community agencies and worksites. Following community leader training, drug abuse prevention task forces are formed. These task forces represent all segments of the community: business leaders, health professionals, law enforcement groups, media representatives, volunteer agencies, religious organizations, school groups and civic organizations. These task forces work within their organizations to support Project STAR through the development of mass media campaigns, community events, special training sessions, and award ceremonies for project participants; networking of community agencies to facilitate referrals between prevention, early intervention, and treatment programs; and development of preventive smoking, alcohol, and drug policies for agencies.

- Health Policy Change. During year four of Project STAR, social policy change strategies are introduced. This involves working with city and county governments to actively promote healthy living environments. This includes, but is not limited to, developing or revising public smoking policies, drunk driving laws, and neighborhood watch programs for keeping communities drug free.

- Mass Media. Mass media coverage is a continuing component of Project STAR throughout all years. For example, in year one, press kits are developed which outline Project STAR for media reporters, and commercials are developed for use in subsequent years. In year two, a five-segment prevention program is developed. This program is designed to air during the 6 o'clock news hour and is intended to reach students, parents and community residents. Subsequent years include the use of student-developed video contests, monthly video magazines, and 30-minute and one-hour feature programs.

The basic research design is intended to test the single and cumulative effects of community-wide programming on student drug use. For schools and communities within each metropolitan area, the design is a 2x2 factorial that varies grade of initial program implementation (transition to middle or junior high school in grades six or seven) by program component received in each year (yes or no). Schools are assigned to program implementation schedules so that, in any one year, some are receiving the scheduled program component, while others are on a wait list until the following year. For example, in year one, half of the schools receive the school program; in year two all receive the school program, but only half receive the parent program; in year three community organization varies by community; and in year four health policy change strategies also vary by community. Subsequent years are devoted to maintaining all four program components plus mass media coverage in all participating schools and communities.

The goal of the comprehensive community drug abuse prevention program is to reduce the prevalence of drug use (cigarettes, alcohol, and marijuana) in adolescents. Effectiveness of the program is measured by self-report and a biochemical measure of smoking (CO) in adolescents, self-report from parents, surveys of community residents and community leaders, and archival data on drug-related accidents, fatalities, and emergency room admissions. Thus far in Kansas City communities, 52,500 adolescents and their parents have received the school, parent, and community organization components of the program. In Indianapolis communities, approximately 15,000 students have received the school-based curriculum, the parent program component was introduced in the Fall of 1988, and a city-wide community council has been formed to begin planning for community organization.

[Note: The following are PRELIMINARY analyses. Final results will be published in appropriate journals with scientific review. These results are based upon data collected from a large number of schools. We believe them to be correct at this point. However, this summary may include errors that have not yet been detected, and is therefore subject to revision.]

Design of the Study

Schools were assigned to immediate or delayed intervention conditions depending upon the preference of school administrators concerning whether to begin the intervention in the 1984-85 or 1985-86 school year. Schools in the delayed intervention condition serve as controls, schools in the immediate intervention condition constitute the treatment group. All schools delivered the intervention to all students in the grade of transition (6th for middle schools and 7th for junior high schools) during the 1985-86 school year. However, control school students in the study cohort (defined as students in the grade of transition in 1984-85) never received any of the in-school components of the STAR intervention. The grade in school for members of the study cohort is given by calendar year and school type (junior high or middle school) in Table 1.

	Grade	
School Year	Middle	Jr High
1984-85	6th	7th
1985-86	7th	8th
1986-87	8th	9th#
1987-88	9th#	10th*

#May be in High school
*Definitely in High School

Table 1. Grade of study cohort by calendar year and school type.

Fifty middle and junior high schools operated by local school districts in the metropolitan Kansas City area participated in the study. Of these 50 schools, 27 received the treatment and 23 served as controls. Baseline observations were gathered just prior to the commencement of the resistance skills curriculum. A 25 percent sample of classes was measured each year in all but eight schools. In those eight schools, a panel of students was defined in 1984-85 as all students in the grade of transition. This panel of individuals has been followed and is included in the school level observations for the analyses reported below.

Results through Spring, 1988

Baseline measurements (1984-85) were obtained from 48 of the 50 possible schools. Measures from 44 schools were obtained at one year follow-up (1985-86): 42 schools with baseline measures and two additional schools. By school year 1986-87, four seventh grades at baseline had become ninth grades in high school and one baseline sixth grade was incorporated into an 8th-12th grade school. By school year 1987-88, the entire study cohort had moved to 32 high schools; measurements were obtained from 31 of these 32 high schools. The unit of analysis is "current school" at the time of observation (except for the eight panel schools, where panel membership is constant through time). If a high school was composed of control and treatment intermediate schools, then the high school is treated as "mixed" in the analyses below. The mixed schools were included in the data used to generate Figures 3-5, but they were excluded from the computations for Tables 2-4.

There were no significant differences between treatment and control schools in use of cigarettes, alcohol or marijuana at baseline. Furthermore, there were no significant differences between groups in the average proportion of white students, average socioeconomic status (measured as the proportion of students with fathers in high status occupations), or average standardized achievement scores. The mean socioeconomic status of the treatment schools was marginally lower than the control schools.

The results of the study through Spring, 1988 are depicted in Figures 3, 4 and 5. The curves were generated by fitting third order polynomials to all school-level observations over the four years of the study (if a school was observed at baseline). These figures combine data from middle and junior high schools. The in-class component of the intervention occurred during the sixth and seventh grades. Only data on use of each substance in the last month is presented in the figures.

The results in Tables 2-4 are presented by calendar year of the study, whereas the figures present the results by grade in school. The data in the tables must therefore be interpreted with care since they involve averages of effects over two grades. This combination of different age groups distorts relationships somewhat, but they are presented here for simplicity. The tables also include measures of more frequent or heavier uses of substances.

Substance use was strongly associated with the racial make-up of the school and with socioeconomic status. Adjustment for these covariates is not included in the following analyses; such adjustments generally increase the statistical significance of estimated intervention effects.

Cigarettes: *Any use in the last month*. A difference between groups in the average proportion of students reporting cigarette use emerged at one year follow-up (Table 2). An average of 17 percent of the treatment schools and 25 percent of the control schools reported cigarette use in the last month. This difference of 8 percent is statistically significant. The one year increase in the proportion of users was also greater in the control schools (25%-12% = 13%) than in the treatment schools (17%-15% = 2%). The average percentage of cigarette users remains higher in the control schools than the intervention schools throughout the three years of follow-up.

Year	Use in Last Month (%)			Daily Use		
	C	T	Δ	C	T	Δ
1984-85	12	15	+3	2	4	+2
1985-86	25	17	-8*	10	6	-4
1986-87	28	23	-5#	12	10	-2
1987-88	34	24	-10*	15	8	-7*

C = control schools
T = treatment schools
Δ = difference (treatment-control)
# $p < .10$; * $p < .05$

Table 2. Average proportion of cigarette users by condition, year and level of use (N=46 schools).

Cigarettes: *Daily use*. As observed for any cigarette use in the last month, a reduced prevalence of daily smokers is apparent in the intervention schools. Daily smoking is defined as regular smoking of seven or more cigarettes per week. This finding is of particular importance since daily use is likely to lead to nicotine addiction, and the sequelae of nicotine addiction are the major preventable public health problems in the United States.

Alcohol: *More than one drink in the last month.* A respondent is considered a user in this instance if he or she reports drinking more than one drink of alcohol in the last month. This definition excludes use in religious contexts. As can be seen in Table 3, the treatment and control schools are comparable at baseline in the proportion of students reporting use. However, after the intervention, the prevalence in the intervention schools drops below that of the control schools.

Year	Use in Last Month			Heavy Use		
	C	T	Δ	C	T	Δ
1984-85	6	7	+1	9	7	-2
1985-86	16	11	-5*	16	11	-5*
1986-87	29	23	-6*	23	18	-5
1987-88	44	33	-11*	44	32	-12*

C = control schools
T = treatment schools
Δ = difference (treatment-control)
* $p < .05$

Table 3. Average proportion of alcohol users by condition, year and level of use (N=46 schools).

Alcohol: *Heavy use.* Heavy use of alcohol is defined as drinking three or more drinks when drinking alcohol. This definition is used because the intervention may impact "drinking heavily when drinking" as a separate entity from frequency of use. Note in Table 3 that an effect of the intervention in the desired direction is apparent in these data.

Marijuana: *Any use in the last month.* Results for marijuana are presented in Table 4. The prevalence of use is low, and differences between groups are small. However, differences are in the desired direction.

Year	Use in Last Month			Frequent Use		
	C	T	Δ	C	T	Δ
1984-85	3	5	+2	0	2	+2#
1985-86	11	7	-4	4	3	-1
1986-87	12	12	0	5	4	-1
1987-88	18	16	-2	7	5	-2

C = control schools
T = treatment schools
Δ = difference (treatment-control)
# $p < .10$

Table 4. Average proportion of marijuana users by condition, year and level of use (N=46 schools).

22-755 0 - 90 - 3

Marijuana: *Frequent use*. Frequent use of marijuana is defined as self-reported use of marijuana more than once per week. As can be seen in Table 4, the prevalence of frequent use increases with age at a more rapid rate in the control group than in the treatment group.

An important additional result is the finding that levels of carbon monoxide in expired air are reduced in treatment schools. This pattern was found at the 1987-88 school year when levels of smoking were sufficient for detection with this objective measure. This finding counters the alternative explanation of findings with self-reports that the intervention altered self-report bias rather than actual behavior.

For more information, contact Ms. Patricia Alexander, Project Manager, Institute for Health Promotion and Disease Prevention Research, University of Southern California, 35 N. Lake Avenue, Suite 200, Pasadena, CA 91101.

Figure 1

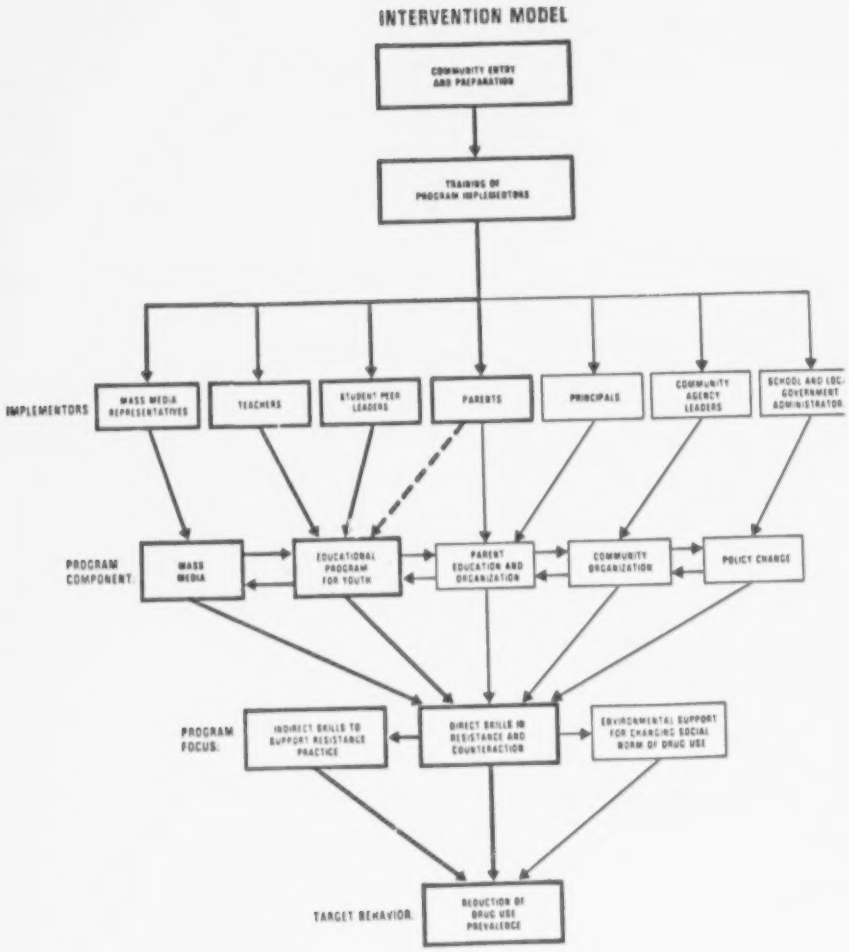

INTERVENTION MODEL
COMMUNITY ENTRY AND PREPARATION
TRAINING OF PROGRAM IMPLEMENTORS
IMPLEMENTORS
MASS MEDIA REPRESENTATIVES
TEACHERS
STUDENT PEER LEADERS
PARENTS
PRINCIPALS
COMMUNITY AGENCY LEADERS
SCHOOL AND LOCAL GOVERNMENT ADMINISTRATORS
PROGRAM COMPONENT
MASS MEDIA
EDUCATIONAL PROGRAM FOR YOUTH
PARENT EDUCATION AND ORGANIZATION
COMMUNITY ORGANIZATION
POLICY CHANGE
PROGRAM FOCUS
INDIRECT SKILLS TO SUPPORT RESISTANCE PRACTICE
DIRECT SKILLS IN RESISTANCE AND COUNTERACTION
ENVIRONMENTAL SUPPORT FOR CHANGING SOCIAL NORM OF DRUG USE
TARGET BEHAVIOR
REDUCTION OF DRUG USE PREVALENCE

Figure 2

BI-DIRECTIONAL PROCESS OF BUDGET PLANNING, DATA COLLECTION, & PROGRAMMING AMONG KANSAS CITY, INDIANAPOLIS, NIDA, AND USC

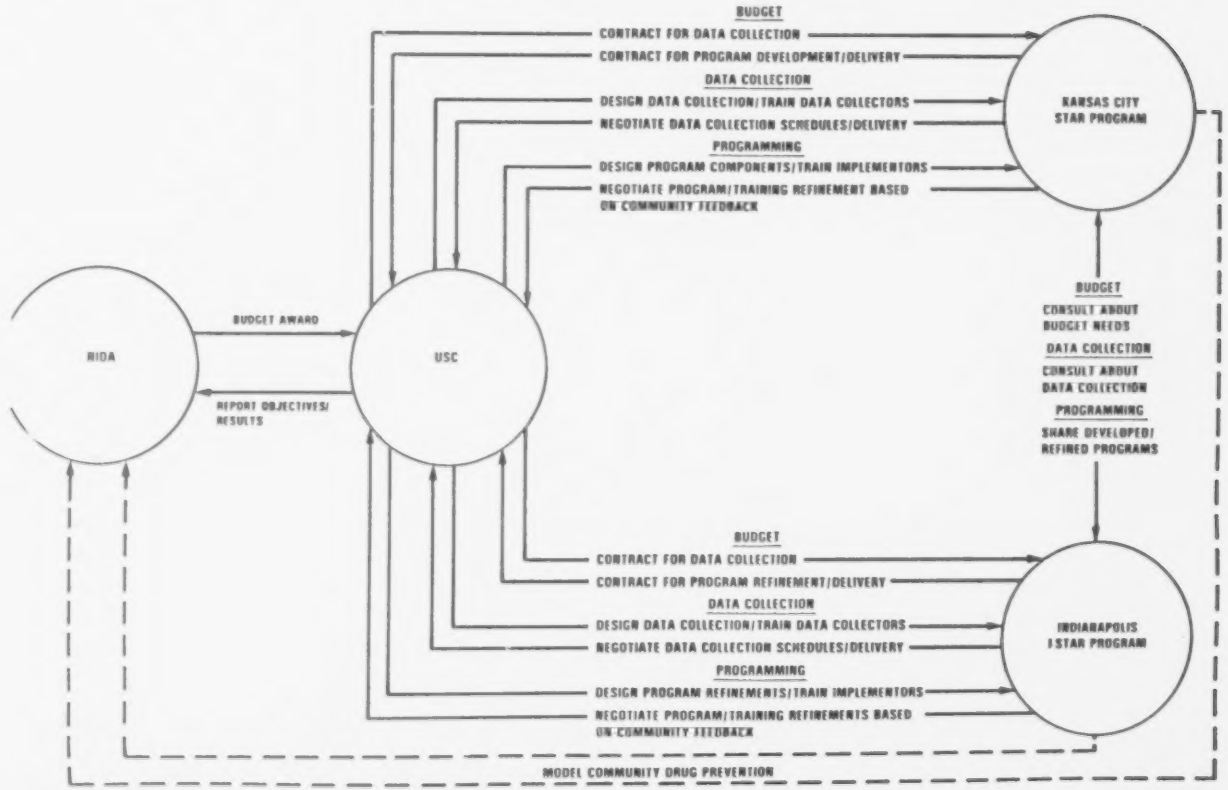


Figure 3

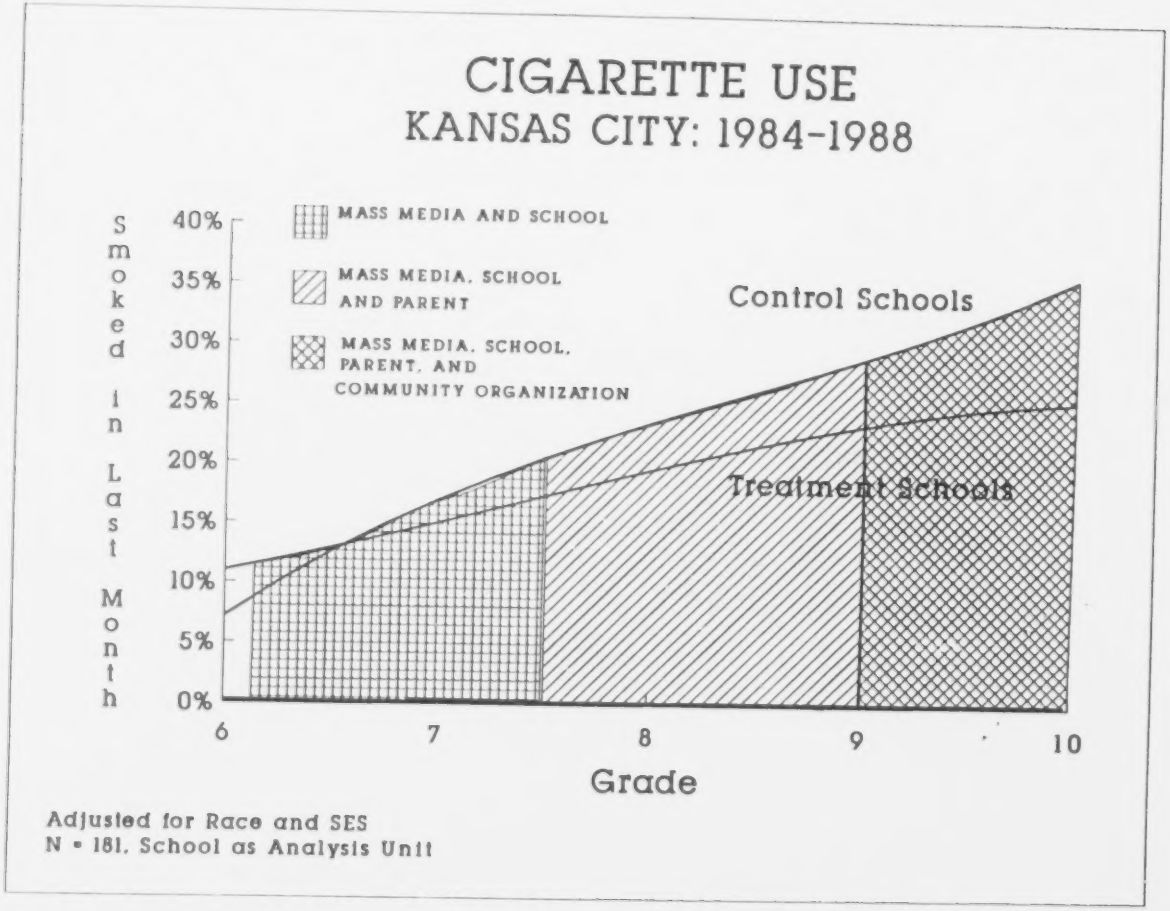

CIGARETTE USE
KANSAS CITY: 1984-1988
Smoked in Last Month
40%
35%
30%
25%
20%
15%
10%
5%
0%
MASS MEDIA AND SCHOOL
MASS MEDIA, SCHOOL AND PARENT
MASS MEDIA, SCHOOL, PARENT, AND COMMUNITY ORGANIZATION
Control Schools
Treatment Schools
6
7
8
9
10
Grade
Adjusted for Race and SES
N = 181, School as Analysis Unit

Figure 4

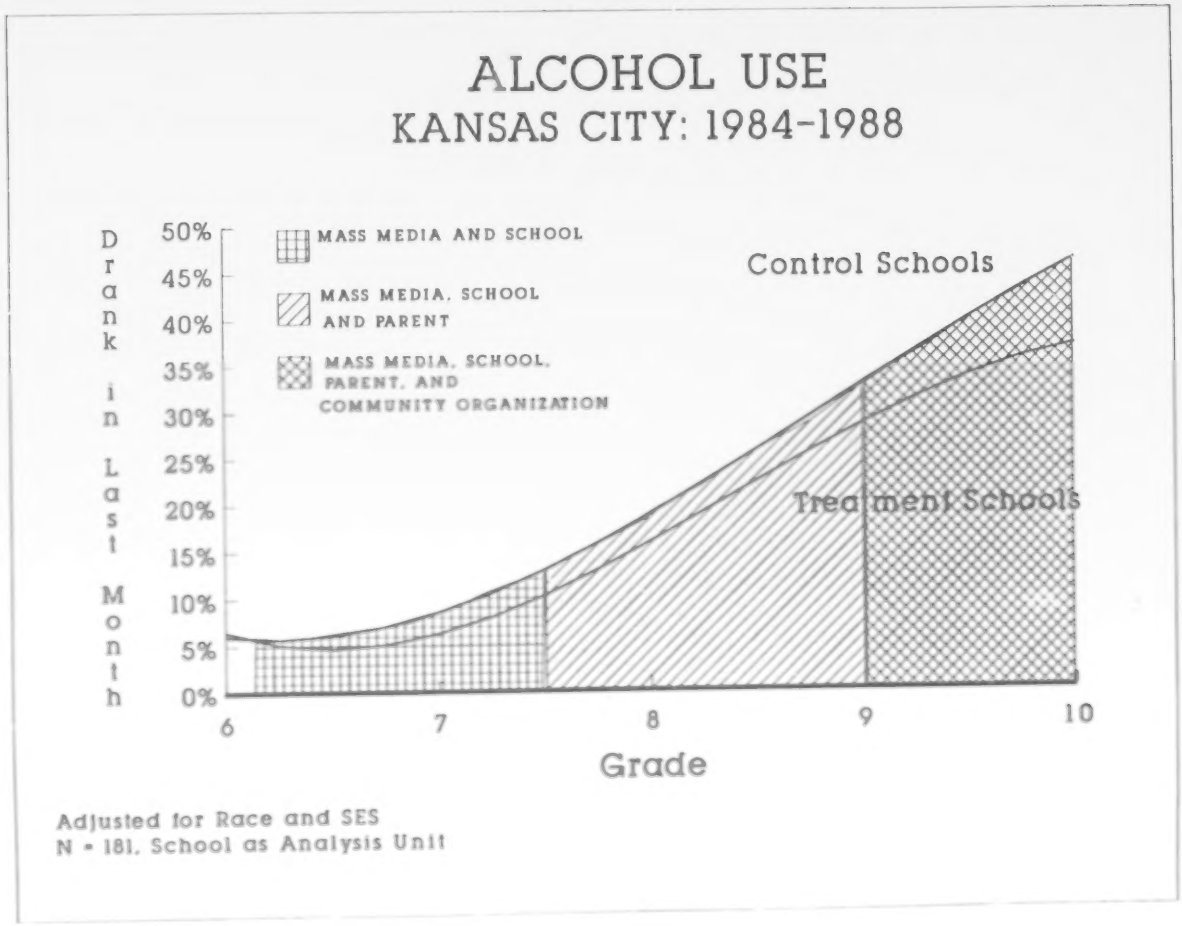
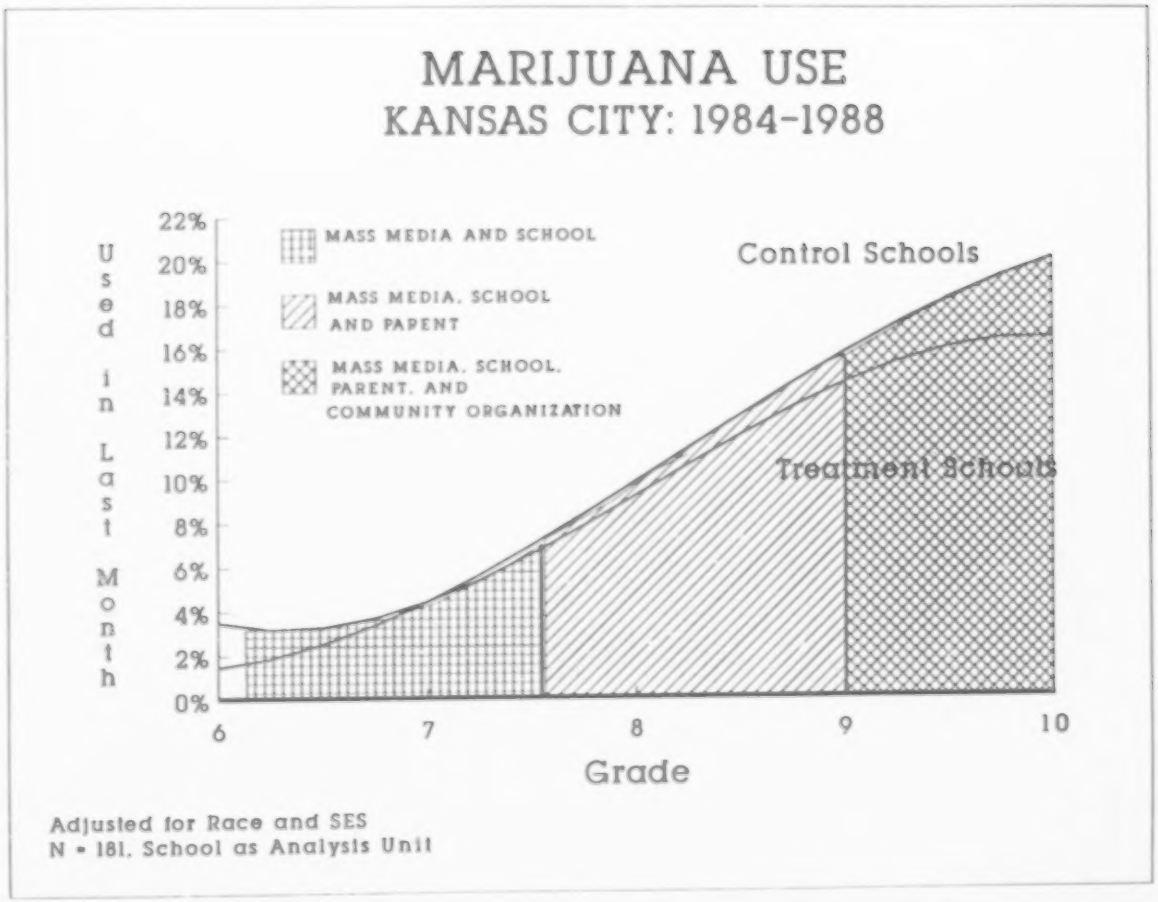
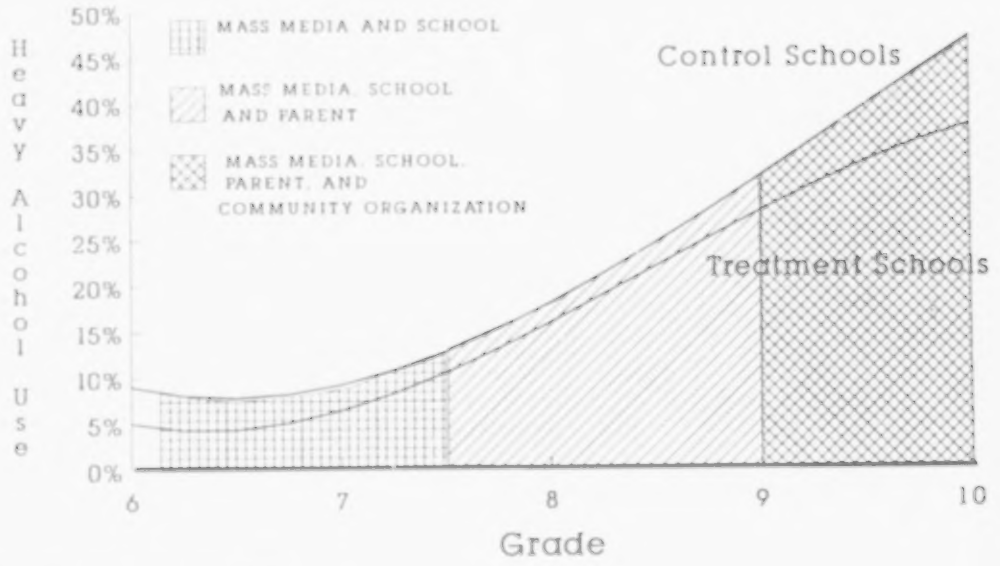

ALCOHOL USE
KANSAS CITY: 1984-1988
Drank in Last Month
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
MASS MEDIA AND SCHOOL
MASS MEDIA, SCHOOL AND PARENT
MASS MEDIA, SCHOOL, PARENT, AND COMMUNITY ORGANIZATION
Control Schools
Treatment Schools
6
7
8
9
10
Grade
Adjusted for Race and SES
N = 181, School as Analysis Unit

Figure 5

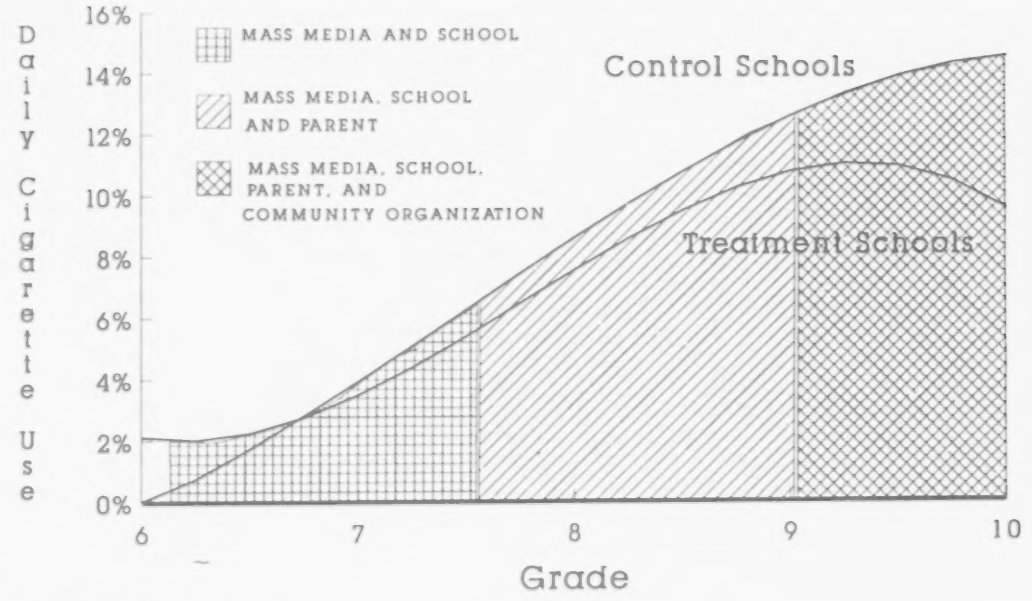

MARIJUANA USE
KANSAS CITY: 1984-1988
Used in Last Month
22%
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
MASS MEDIA AND SCHOOL
MASS MEDIA, SCHOOL AND PAPENT
MASS MEDIA, SCHOOL, PARENT, AND COMMUNITY ORGANIZATION
Control Schools
Treatment Schools
6
7
8
9
10
Grade
Adjusted for Race and SES
N = 181, School as Analysis Unit

ALCOHOL USE
KANSAS CITY: 1984-1988



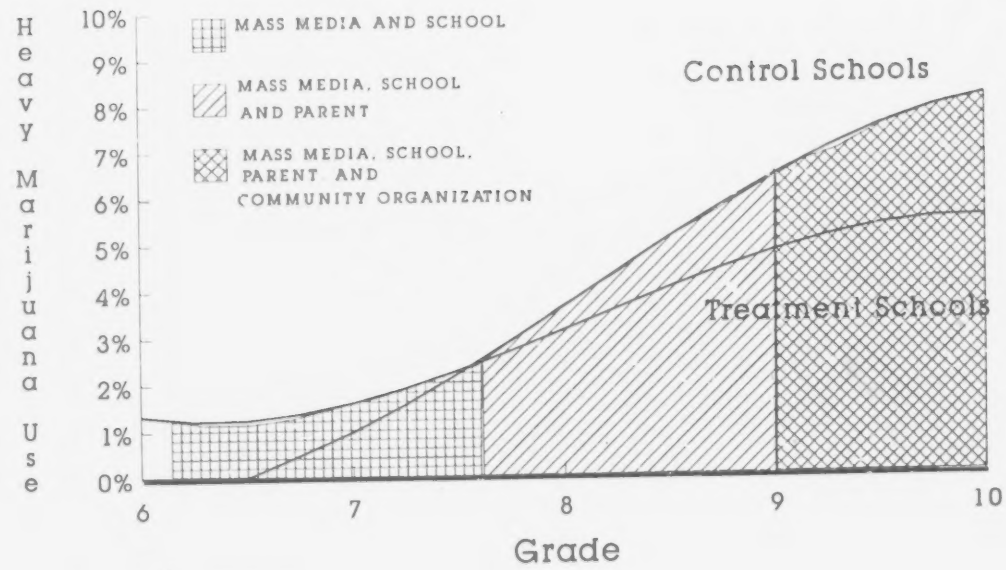
Adjusted for Race and SES
N = 181, School as Analysis Unit
Hea. Alc. Use = 3 or More per Occasion

CIGARETTE USE
KANSAS CITY: 1984-1988



Adjusted for Race and SES
N = 181, School as Analysis Unit

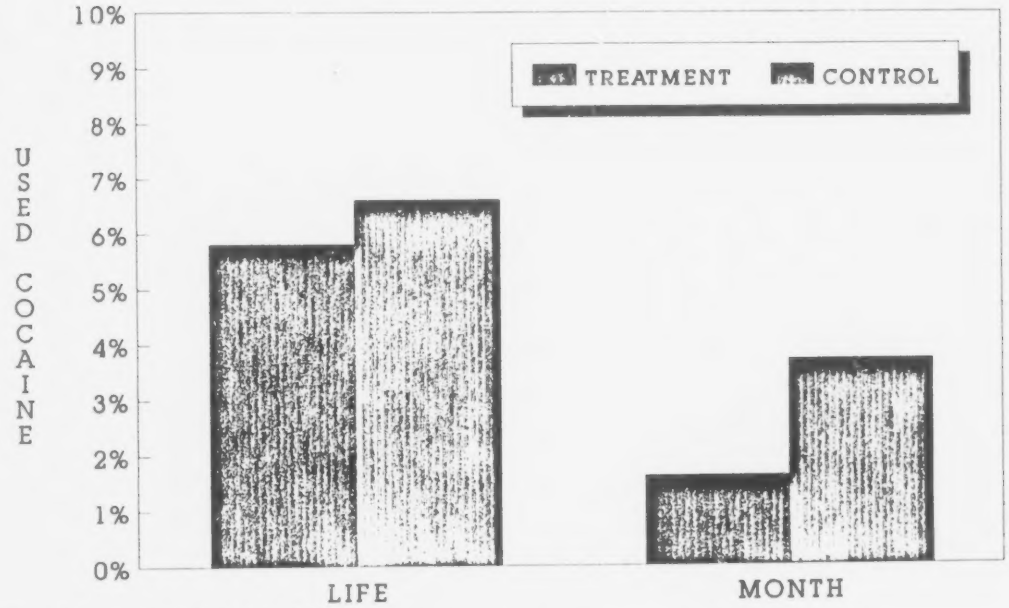
MARIJUANA USE
KANSAS CITY: 1984-1988



Adjusted for Race and SES
N = 181, School as Analysis Unit
Hea. Mar. Use = 2 or More Times per Week

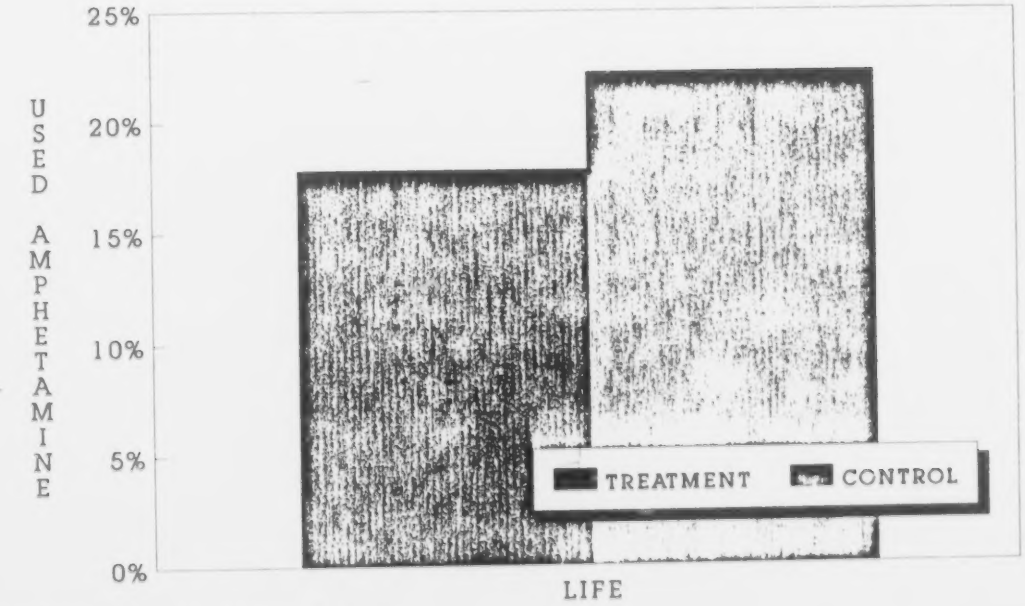
C:/MAP/TBBBB

COCAINE USE
KANSAS CITY: 1987-1988



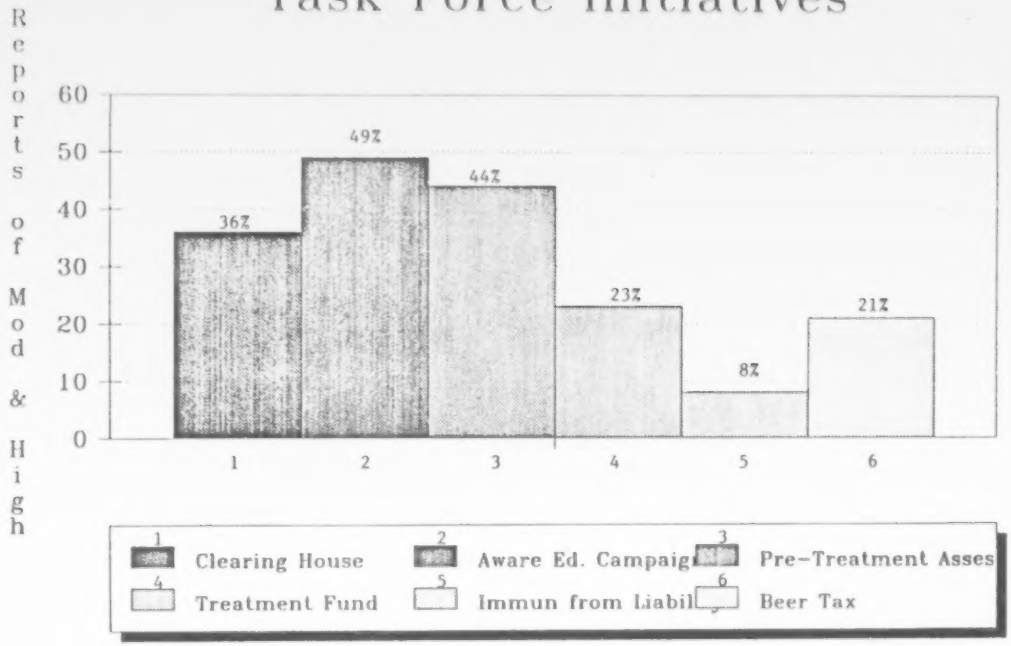
ADJUSTED FOR RACE, GRADE, GENDER
N=1188, INDIVIDUAL AS ANALYSIS UNIT GRADE=9 5

AMPHETAMINE USE
KANSAS CITY: 1987-1988



ADJUSTED FOR RACE, GRADE, GENDER
N=1188, INDIVIDUAL AS ANALYSIS UNIT GRADE=9 5

Progress on Kansas City
Task Force Initiatives



These data represent preliminary results based upon a response rate of 88% (95 out of 108 community leaders) in Kansas City after two mailings.

The CHAIRMAN. Very good. Thank you very much. Given the fact that we have limited Federal resources—where should we target the resources to ensure we get the maximum effect in terms of reducing the initiation of drug use among young people?

Ms. PENTZ. I would say the first—ours is certainly a multicomponent program, but we feel that nothing can be done without a solid school-based program, so a school program that would start at least in middle school; if there is more funding, a K–12th grade program. And second to that would be adding a strong parent component.

The way our parent programs work, it realizes that parents are very difficult to get together on a regular basis, and very short-term programs that bring parents together back into the schools for one to two nights in a year have been fairly effective in changing their own behavior.

The CHAIRMAN. What ideas or suggestions do you have for us in reaching the school drop-out? We have about 700,000 a year in the country.

Ms. PENTZ. Well, I would recommend that primary prevention programs start early enough before the drop-out question is an issue. Most drop-outs occur with legal drop-out age around 10th grade. So if we are starting a prevention program much earlier in middle school, we are able to get and retain more students earlier.

In terms of reaching even students who have gone through a prevention program and then still have dropped out by high school, I think the support bases that are started in a school, and particularly including drug abuse prevention counselors at the high school, can go a long way in pulling those students back into the school.

The CHAIRMAN. These are impressive results, both in the Kansas City and Indianapolis programs. Do you have reason to believe that those kinds of programs can be as effective in larger cities like Washington, New York, and Miami?

Ms. PENTZ. I think so. We looked at our baseline levels of drug use and when we first negotiated with both cities to work there, a question that was raised of us was, well, that is the Midwest and everything works very well in the Midwest and may not work in other places.

But, in fact, we found in our school-based programs, smaller component programs, results are similar in the Los Angeles area and Baltimore. And even the drug use levels are similar, even though the racial-ethnic balance is very different. So I think it would be exportable.

What probably would be different is the model used to get the community organization commitment. In Kansas City, for example, it started from the business sector with Mr. Kauffman. There may not be a Mr. Kauffman in all States and cities.

In the Indianapolis-Marion County area, we actually started with a group of all the school superintendents in the area who created a special board and registered with the State of Indiana for this.

The CHAIRMAN. Senator Kassebaum.

Senator KASSEBAUM. Thank you. Well, Ms. Pentz, certainly Project STAR is widely recognized and we are very proud that it has been so successful in the Kansas City area. You just answered,

I think, a very interesting question. How do you replicate it and make it successful everywhere?

It is interesting that the school superintendents in Indianapolis were sort of the instigators, because I think you need that to keep it going, and sustained effort. You drew a lot of people into this—parents, the community, and the media. And to sustain that from 1984 to 1988 is not an easy task, and I would guess that is a key, of course, to making anything work, whether it is Dade County or Kansas City.

Ms. PENTZ. In the Washington, DC, area we have had some requests to see how exportable our project could be here, and we have had two avenues of requests. One has come through the business sector represented by the Corporations Against Drug Abuse on a general level to give the business credibility. The other has come from a black physician in inner city Washington.

So the models of entry and support may differ quite a bit from city to city. I think what is a primary driving factor is the motivation and commitment of whoever does start it in an urban area, that they have the commitment for the longevity, because it is not going to be a one-year effort or a bullet approach. It is going to take many, many years with many people.

Senator KASSEBAUM. When you involved the parents in Kansas City, did you go through the PTA? Did you have an organized means of involving parents and school counselors? How did you reach them?

Ms. PENTZ. Part of our program involves a core working group of parents who are highly trained in each school—four to six parents who work with the principal and two of the students, and they actually change school policy more along the line of what Mr. Miller was referring to.

And as part of the sets of activities they organize for the year, they set up what are called parents' skills nights where they bring in masses of parents to train them in prevention skills. Sometimes, this involves the PTA; sometimes it does not if the PTA is not very strong in that school.

Senator KASSEBAUM. How do you feel about a counselor when it involves just one-on-one situations, which certainly many times it can as you stick with and try and help a student, going to the home? Did that ever occur in any of your projects? Has that been a component?

Ms. PENTZ. It is not a systematically studied part of our project, but I think that that would be fully supported by both people in prevention as well as treatment. The issue there would be money.

I think what is probably more feasible is group counseling involving peers, especially at the high school level, because as Christian pointed out, that way an adolescent sees that there are other peers involved in this process rather than just one student being targeted out for special intervention.

I think there are enough results from the treatment end, and also education with adults, to suggest that if you try to target adults alone or parents alone to change their own behavior, that doesn't have very much of an effect. But if you try to reach parents through their children, there is more promise to that.

Senator KASSEBAUM. Thank you, Ms. Pentz.

The CHAIRMAN. Senator Simon.

Senator SIMON. Thank you, and I regret I am going between meetings, and I understand, Christian Toledo, you were a very effective witness and I am sorry I missed hearing you.

If I may ask this question of the two of you, when I talk to law enforcement people, the No. 1 thing—when I talk to Tony Valukas, U.S. Attorney in Chicago, he says education; we have to stress it. That is the fundament. When I talk to the superintendent of police in Chicago, that is what he says.

On the other hand, I hear from some of my colleagues who say, well, education is something State and local governments can take care of; the Federal Government doesn't need to get involved.

If I may ask both of you how you would respond to that?

Mr. MILLER. Yes, I can respond to that. Of course, I may have a biased opinion about where the money should be spent. Education is critical. It is something, again, that we need to look at because I think if we are going to make headway in the war on drugs, we have to impact this area tremendously.

I realize that law enforcement is also very important. As I mentioned earlier in my testimony, we talked about funds available, and although W.R. Thomas has implemented a program that is fairly cost effective, it has taken a lot of work, and not every school, not every principal, not every faculty—and Senator, you heard this morning about some of the problems teachers are having throughout the Nation.

We have other things to do, and certainly getting Federal funding to help us implement one-on-one counseling, prevention strategies, working with parents, is going to be a plus in the education of our students. The money has to be there and education is a need.

It may not be something that you will see right away; it may not be something that you will see make an impact on drug use in the Nation next month or maybe even next year. But, believe me, being persistent with this, it is going to work. We have seen a change with our students; it is amazing. If you come and look in the classrooms now, there is an attitude change about drugs, and that has been through education.

Senator SIMON. But if I can be more specific—and I applaud what you have done; I have just read your statement—do we need a Federal carrot to get this going? Do we need to spend any Federal funds on education?

Mr. MILLER. My answer is yes. You know, the Federal funds need to be spent. I think the money has to trickle down from the Federal level to come down to the State level, and then, through accountability, being sent to the local level to the schools.

The funding is necessary; it has to be there. The programs that we are talking about—and you heard Ms. Pentz talk about programs—they cost money; they are expensive. But, again, they are well worth the money, and Federal funding is going to be a must.

Senator SIMON. Thank you.

Ms. PENTZ. I wanted to add to that on two points. There is a fairly successful model in Minnesota of merging the application of funds that have come through the State, from the Federal Government to the State and then to schools in the area of smoking prevention.

Researchers out of the University of Minnesota have been able to disseminate information about what works, as I had suggested, and help schools tie the $2.50 per student that they are allotted to guide them into appropriate smoking prevention programs.

And when schools are given the appropriate information, they do, in fact, use that money appropriately. When they don't have guidelines about appropriate funds, there is a question about how they do use them.

We had a baseline survey of Indianapolis principals and how they use their funds from the Anti-Drug Abuse Act, and prior to the start of I-STAR, one of the things that we found out was that about 25 percent of the public schools and almost 67 percent of the private schools were spending their allotment on library and media materials, and those have no effect on behavior. So along with providing education funds needs to be the appropriate information about which types of education to use.

Senator SIMON. I thank you, and I would just add if we don't have some strong signal from the Federal Government, some schools are going to be doing something, other schools are not. This is a national need where there ought to be a national response.

I thank all three of you. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Adams.

Senator ADAMS. Thank you, Mr. Chairman. I have questioned the other two witnesses. Ms. Pentz, what you have just said strikes home with me, and I wonder if you can supply the committee when you are finished with a list of your suggestions or proposals as to those programs which have worked and which have not, because your experience matches that which I have had and which I have had with my children that people don't go to the library and read something.

These other programs, though—as Senator Simon was pointing out, we are trying to determine right now how we send money to the public school system. And when we talk about education, I agree with you; we don't just give somebody a pamphlet and we don't have somebody stand up and say this is bad. We have to have a much more structured system, and yet we know the Federal Government can't structure it. So we are looking to you for help to carry out particularly the after-school activities, the pre-school activities, and the parent activities of what we call it or how we do it, or do you think we can just simply say to the school districts—and I am not convinced of this—all right, here is some money now, go forth and do good works?

I am really, I guess, asking you for suggestions for guidelines. You don't have to give them orally off the top of your head now, but if you could supply them to the committee, we will follow up on them because we are just about to shift from our war in the streets to the true part of this, which is education and prevention, and we want to do it well and we have very little to go on other than what we are getting from witnesses here and from the experts that we can bring in.

It is very new for us to try to take a social problem and really deal with it when it is as dangerous as crack cocaine, and so on, are—and we have the danger from the streets in addition to the habit-forming, which we have had with cigarettes and alcohol, and

so on. In other words, we haven't had a bootlegging operation running up against the schools for alcohol as we are having a cocaine operation running up against the schools for crack.

Ms. PENTZ. I agree. Senator Kennedy has my full set of recommendations, and I think you would find what you need in there.

Senator ADAMS. That is fine, if those have been given to the committee.

Ms. PENTZ. One thing that you might find, though, if you do decide to give information nationally, guidelines to schools, is some resistance if schools have already spent a considerable amount of funds in programs that don't work.

Myself and several of my colleagues have presented several times at drug-free schools conferences and there are two or three programs, for example, that we know are quite popular, are K–8th or K–12th grade programs that have received very little or no evaluation, but are very popular and marketed.

And when we try to give feedback to audiences about what works and doesn't work, the kind of resistance you might get is, well, my school district has already spent $25,000 on this program so, by golly, I am going to use it. And you may have to be very careful about how you present guidelines to schools that may have already invested heavily in a certain type of program if it doesn't work.

Senator ADAMS. Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. I want to point out to our panel we have had probably as good attendance at this hearings, with Senators arriving and leaving, as we have had for any particular subject matter. We only have one more panel after that, and that is focused on community-based prevention and the links between schools and communities, which is very important. They have an important message and we want to make sure that we are going to have an opportunity to hear them as well. So we will have them on very shortly.

We want to thank Senator Durenberger for making a special effort to be here this morning, too.

Senator DURENBERGER. Mr. Chairman, I thank you, and I just want to apologize. I started at 9:30 a.m. in Environment and Public Works with Bill Riley, and then we tried to do Medicare catastrophic again in the Finance Committee or I would have been here to hear this panel, and I regret not being here.

I heard Mary Ann's comments about not having to reinvent the wheel. I appreciated her referring to Minnesota and the research that has been done there. I also want to indicate that the Chairman and his staff have spent a lot of time talking to some of the folks in Minnesota, as he has in other parts of the country, because there is no point in reinventing the wheel on a lot of these community-based, neighborhood-based, and nonprofit-based solutions to a lot of these problems.

I just appreciate the opportunity to be here on this committee at this particular point in time so that those of us who watch the grass-roots at work come up with such a needed variety of creative solutions to these problems need to hear from more of you people, and I thank you very much, all of you, for the work you are doing in this field, and you too, Christian.

The CHAIRMAN. Thank you very much, Senator.

Senator Cochran.

Senator COCHRAN. Mr. Chairman, I just want to thank the witnesses for being here to help us with the hearing, and thank you for conducting this important hearing. I look forward to the next panel and thank you for calling them.

The CHAIRMAN. Well, I just hope you will have the chance to read through the testimony of these people because, as we pointed out, Jeff Miller has taken one of the toughest schools in one of the most difficult parts of the country down in Dade County and has reduced drug use significantly. Last year, the school won the National Drug-Free Schools Recognition Award.

The drop-out rate for the school is now 1 percent, the lowest in the region. Other schools range from three to ten percent. He has just had an enormous impact in demonstrating what can really work. And Mary Ann Pentz has pointed out the do's and don'ts. So we are very grateful to all of them, and we will move on to the next panel. Thank you very much.

Our next panel focuses on community-based prevention and links between schools and communities. Lee Robinson is the mayor of Macon, GA. He has organized the community to fight drug abuse in a comprehensive way.

June Milam is the executive director of the Drug Research and Education Association in Mississippi. Her organization spearheads prevention efforts there.

Robert Hignite is the substance abuse director at Emmerich Manual High School in Indianapolis, IN.

I am sure we will have some words of introduction of these witnesses from some of our good colleagues. If they would like to say a word at this time, we would be glad to hear from them.

Senator COATS. Well, Mr. Chairman, I would like to introduce to the committee Dr. Robert Hignite from Manual High School in Indianapolis, a central city school that has an outstanding record of success in dealing with the problems that we are talking about here today.

Dr. Hignite has his Ph.D. degree from the University of Southern California, which is well represented this morning; has been at Manual High School for the past 23 years, and the last 4 of those in his capacity as student assistant director and substance abuse counselor.

Like the presentation we heard on the last panel, Manual High School has an equally successful program, and I am really pleased that Dr. Hignite is here to tell us about it and give us some guidance as to how we ought to structure these things. So, Dr. Hignite, I appreciate your taking the time, which, I might add, is scrambled because he has just finished a total weekend program, what they call a lock-in, with students.

And we were only able to get hold of Dr. Hignite yesterday, and so he has scrambled to get here to testify, and he is probably tired and everything else. But he was in communicado for the weekend, but for a real good cause, and I am awful glad he took the time to be here.

The CHAIRMAN. Well, we are especially appreciative of those efforts.

Senator COCHRAN. Mr. Chairman, thank you very much. I am pleased to introduce to the committee—Ms. June Milam, who is executive director of Drug Research and Education Association in Mississippi. This is a nonprofit organization founded in 1981 largely through the efforts of Ms. Milam for the purpose of combatting alcohol and drug abuse among children and teenage students in Mississippi.

It is the first statewide drug prevention effort to really work, in my judgment. They have served as a resource for a lot of statewide projects. They are a referral center for the State and they help communities establish prevention and early intervention programs.

Ms. Milam has really been very actively and effectively involved in the effort to do something about the drug abuse problem among the juvenile population in Mississippi. I congratulate her and welcome her to the committee, and thank her for making the extra effort that was required to be here today.

The CHAIRMAN. Thank you very much.

We will start with Mayor Robinson. We are delighted to have you here. We look forward—and I am sure I can speak for Senator Nunn and Senator Fowler; they would want to say equally impressive things about your program. We are delighted to have you here.

STATEMENTS OF LEE ROBINSON, MAYOR, MACON, GA; ROBERT E. HIGNITE, SUBSTANCE ABUSE DIRECTOR, EMMERICH MANUAL HIGH SCHOOL, INDIANAPOLIS, IN; AND JUNE M. MILAM, EXECUTIVE DIRECTOR, DRUG RESEARCH AND EDUCATION IN MISSISSIPPI, INCORPORATED, JACKSON, MS

Mr. ROBINSON. Thank you, Senator Kennedy. Senator Kennedy, members of the committee, I appreciate your giving me an opportunity to be here to share with you what a Middle Georgia community of around 120,000 people has done.

The U.S. Conference of Mayors convened the police chiefs and mayors in Washington, DC, in April 1988 and adopted a national anti-drug strategy. Now, this was expanded and adopted at the 56th Annual Conference of Mayors in Salt Lake City, UT.

Ten months later, the police chiefs and mayors again gathered in Washington, DC, and reaffirmed the provisions of the national anti-drug strategy. At the annual Conference of Mayors of Charleston, SC, last June, once again the No. 1 topic was the war on drugs. The mayors of this Nation shared solutions to the most evasive problems and tactics against the most insidious enemy we have ever faced as a Nation.

Just this past week, I, along with Macon's police chief, Jim Brooks, presented Macon, GA's efforts to the mayors and police chiefs from across this Nation as once again we gathered in our Nation's capital to share ideas and concepts and to discuss the proposed national drug strategy.

Clearly, a consensus has developed among those of us who have been involved with this war on the forward edge of the battle. Four principles have emerged. First, law enforcement cannot win the war alone. The local plan must provide the framework for a multifaceted, comprehensive, tailored effort involving all segments of the community, including law enforcement.

Second, there must be a local strategic plan. The problem is too complex for the simple solutions, and the only effective way to solve the problem is to break it down into the smallest manageable components. George Bernard Shaw said: "To be in hell is to drift; to be in heaven is to steer."

Third, the local effort should focus on reduction of demand, while the Federal emphasis should be on the reduction of supply and the support of the local effort through direct funding and planning assistance.

Macon, GA has a strategic plan which I will briefly detail, and I will discuss what we have labeled the "Achilles heel" of any plan, and that is treatment. While we are encouraged that the national strategy has been proposed, it is essential that the national plan support strategic plans for all of our cities through direct Federal funding of those plans. Additionally, the director should organize a squad of facilitators and planners to assist cities in developing or refining a local war on drugs strategic plan.

While Congress continues to deliberate on the national strategy to combat the use of illicit drugs, those of us in the trenches are fighting a holding action with an occasional breakthrough in enemy territory. The successes we have had are a direct result of marshaling and organizing our local resources. We cannot continue the fight without help.

Macon, GA, and her environs are not in a significantly worse or substantially better position than any other city her size. We have done many things while we have tried to understand the scope of the problem, and many things were left undone. Victories are few, but we understand the war has only begun.

Up to this point, we as a city and as a collection of cities have merely employed traditional methods and departmentalized our efforts. Succinctly, we have said it was a law enforcement problem. Now, we understand that a total community war on drugs is essential.

During the last decade, there has been an explosion of interest within the private sector in the overall concept of strategy, and that interest has permeated the public sector during the 1980's.

For example, Macon recently completed a strategic plan to guide the city for the next several years. Consequently, many of the leaders within the public sector are familiar with strategic planning and implementation.

Because our community leaders are familiar with the strategic planning process, we developed a comprehensive plan. Our preliminary draft of our strategic plan that we have labeled Macon-Bibb War on Drugs is now being updated for the third time.

Macon's effort first began with a series of discussions among the law enforcement community, including the sheriffs and the police chief, members of the judiciary, and the prosecutors from the district attorney's office. Those talks centered around the scope of the problem and revealed that the drug problem was of such magnitude that law enforcement efforts alone would not succeed.

Although my testimony does not emphasize our law enforcement efforts, we will make available for the record the Macon Police Department's plan of action and overview of the drug initiative.

Clearly, the group needed to expand to include other community leaders. We expanded and began to refer to ourselves as the Macon-Bibb Leadership Council on Drugs. Our members now include—and I will just name a few—Cecil Baldwin, administrator of the Macon-Bibb County Health Department; Bill Barnes, executive director of the Middle Georgia Consortium, which is a job-securing group; Larry Benton, local businessman and community leader; Albert Billingslea, a Bibb County commissioner; Jim Brooks, chief of police; Dave Carter, president of the Macon City Council; Kizzie Curry, a local businesswoman and community leader; Moira Davis, my administrative assistant; Emory Greene, Bibb County commission chairman; Tom Hagler, the superintendent of the Bibb County Schools; and George Halford, the executive director of the Greater Macon Chamber of Commerce.

You can see from the list before you, Senator, that it is all-encompassing.

Next, the Leadership Council on Drugs adopted a mission statement and 6 goals to move us toward a drug-free community. This was the foundation of our strategic plan. The mission statement and goals follow.

The mission was to eradicate the use of illegal drugs in Macon and Bibb County by a total community effort through a strategic plan coordinating both the law enforcement sector and the civilian sector.

The primary goals were the reduction of demand by disruption of the marketplace, reduction of demand through education, reduction of demand through user accountability, and reduction of demand through treatment. And our secondary goals were reduction of supply through support of Federal programs and reduction of supply through interdiction.

The heart of any strategic plan is the strategies and the strategy champions. The following strategies were developed and the plan validated by assigning capable champions that are committed to the strategy. The strategy champions developed the associated tasks and reported on the progress every 2 weeks in the Mayor's conference room.

The primary strategies are as follows: reduction of demand by disruption of the marketplace by seizing real property associated with the sale and distribution of drugs; through community organizations that assist law enforcement agencies against drug abuse; through the organization of a Drug-Free Youth Club; through a policy adopted by homeowners and real estate companies to screen prospective rental clients and to identify drug dealers and their organizations, and thereby deny them the right to use the property for illegal gains; through the use of television programs similar to Crime Stoppers; through the use of public service announcements, billboards, and radio spots; by conducting traffic stops in known high-traffic drug areas; by targeting local drug kingpins; and through the use of a hot line; reduction demand through education, to include education against the use of drugs in all vocational training, to develop a core curriculum in the Bibb County public schools that instructs students on the perils of drug abuse, and to educate against the use of drugs through DARE, Drug Abuse Resistance Education; reduction of demand through user accountabil-

ity to make drug users accountable through pre-employment drug screening by all local government entities, to make drug users accountable through pre-employment drug screening by all Macon and Bibb County businesses, to make drug users accountable by developing a streamlined system to seize assets of drug users, by identifying, targeting, and incarcerating drug users; and reduction of demand through treatment to develop user-funded alternative treatment programs, and to develop a treatment plan that addresses the current and anticipated need and to reduce recidivism.

Strategic management is a relatively simple process that enables us to deal with the most complex problems. Attached are examples of forms used to guide this process. The key to this task-strategy-goal mission concept is a committed strategy champion. This person must be a self-starter and a high achiever who is personally driven to see that each task is accomplished and the strategy realized.

Middle Georgia is fortunate to have such a person championing the development of a treatment plan that addresses the current and anticipated need to reduce recidivism. Mr. Cecil Baldwin, administrator of the Macon-Bibb County Health Department, has worked tirelessly to strengthen what can be the fatal weakness in any local plan, and yet this still remains our most vulnerable area.

In Middle Georgia, there are several private facilities for substance abuse treatment, but they are primarily in-patient and very costly. There is only one public program that serves up to 23 counties. All services are available to anyone, regardless of their ability to pay. The public program offers both in-patient as well as out-patient treatment.

The Macon-Bibb County Board of Health serves as the lead county for Bibb County and the contiguous counties of Monroe, Jones, and Twiggs. As such, it has responsibility for providing substance abuse services to almost a quarter of a million people. In addition, certain programs such as long-term in-patient care, detox, and the 28-day program serve 23 counties.

Substance abuse involves the misuse of any chemical that leads to dependency. This includes alcohol, as well as the entire list of both legal and illegal drugs.

In-patient care consists of the following programs, and I will just mention a few in the interests of time. Detox: A program open 24 hours a day, 7 days a week, that provides intense medical supervision during a 5-day period of bringing a person out from the influence of chemicals and stabilizing him.

There are currently 15 beds in this unit and normal occupancy levels approach capacity. This unit, because of serious health problems many clients have, is a very costly and intense program.

The 28-day program: This unit offers around-the-clock supervision and care to those that have been detoxed and want to continue toward stabilization and complete withdrawal from their dependency. There is individual and group therapy, family education and counseling groups, daily Alcoholics and Narcotics Anonymous meetings on living skills, relaxation training, recreational therapy, and the 12-step study groups.

This program frees the individual of chemical dependency and prepares him to go back into society. At this program, the client is

introduced to support groups to help keep him chemical-free after he goes back to society. There are 20 beds in this unit and it is normally a 2-week waiting list.

I will skip a few and go to the adolescent in-patient, which is—currently, there is no service for this group, but a grant is being applied for to start a program. A 16-bed unit consisting of 8 beds for males and 8 beds for females is proposed. This is a major gap in our delivery system.

New Start: This program serves 80 clients who are abusers of opiates, such as heroin. Although this program was designed to handle only 27, the staff has stretched its resources to include over three times this number. Methadone is dispensed as an alternative to illegal narcotics. Besides methadone-dosing, psychiatric consultation, nursing assessment and care, medical assessment and care, counseling, referrals, AIDS testing, and education are provided.

Let me also mention Street Team; I will skip to that. We have a long list of them. This program provides two former addicts who go in high-drug areas to dispense condoms and literature and talk about drug abuse, AIDS, and referrals to appropriate services.

In connection with our local war on drugs, a 24-hour treatment phone is manned to offer counseling and referral to those seeking treatment help. Also, a treatment phone is connected to the new police hot line, and it is manned 24 hours by nurses and counselors for emergency treatment information and referral.

Local government cannot bear the costs of such extensive treatment programs. We will need assistance from both the State and Federal governments.

This is a quick glance at a comprehensive plan that changes in response to new concepts and needs within our community. There is no pride of authorship, for the strategies listed were gleaned from intensive networking by all of us in the fight. Mayors and police chiefs exchange ideas and experiences constantly, as do those involved in prevention and treatment.

This is what we have learned so far. There must be a local plan combining both law enforcement and the community. We are stretching our local funding to the limit; we need Federal assistance. We cannot fund treatment at the level necessary through local funding. Our judicial system is not prepared for the war on drugs, and there must be a sense of urgency.

Macon and Bibb County have a dynamic plan that will eventually impact drug use in our community. No one on the Leadership Council is under the delusion that we will solve this problem in the next several months or year. Yet, we maintain our drive and enthusiasm because to rest would mean the end of our beautiful city as we know it now. We are committed for the duration. We believe there can and will be a behavioral change in our society, which is the overall purpose of this local plan.

Thank you, Senator.

[The prepared statement of Mr. Robinson follows:]

PREPARED STATEMENT OF LEE ROBINSON, MAYOR, MACON, GA

SENATOR KENNEDY,

The U. S. Conference of Mayors (USCM) convened the Police Chiefs and Mayors in Washington, D.C. in April, 1988 and adopted a National Anti-Drug Strategy. This was expanded and adopted at the 56th Annual Conference of Mayors in Salt Lake City, Utah. Ten months later the Police Chiefs and Mayors again gathered in Washington, D.C. and reaffirmed the provision of the National Anti-Drug Strategy.

At the annual Conference of Mayors in Charleston, South Carolina last June, once again, the number one topic was the War on Drugs. The Mayors of this nation shared solutions to a most evasive problem and tactics against the most insidious enemy we have ever faced as a nation.

Just this past week, I along with Macon's Police Chief, Jim Brooks, presented Macon, Georgia's effort to Mayors and Police Chiefs from across this nation as we once again gathered in our nation's Capitol to share ideas and concepts and to discuss the proposed National Drug Strategy.

Clearly, a consensus has developed among those of us who have been involved with this war on the forward edge of the battle. Four principles have emerged:

First, law enforcement cannot win the war alone. The local plan must provide the framework for a multifaceted,

comprehensive, tailored effort involving all segments of the community including law enforcement.

Second, there must be a local strategic plan. The problem is too complex for simple solutions and the only effective way to solve the problem is to break it down to the smallest manageable components. George Bernard Shaw said, "to be in hell is to drift; to be in heaven is to steer."

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the trenches are fighting a holding action with an occasional breakthrough into enemy territory. The successes we have had are a direct result of marshalling and organizing our local resources. We cannot continue the fight without help.

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plan. Our preliminary draft of our strategic plan that we have labeled Macon/Bibb War on Drugs is now being updated for the third time.

DEVELOPMENT OF THE PLAN

Macon's effort first began with a series of discussions among representatives of the law enforcement community, including the Sheriff and Police Chief, members of the judiciary, and prosecutors from the District Attorney's office. Those talks centered around the scope of the problem and revealed that the drug problem was of such magnitude that a law enforcement effort alone would not succeed. Although my testimony does not emphasize our law enforcement effort, we will make available for the record the Macon Police Department's Plan of Action and overview of the drug initiative.

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Bill Barnes, Executive Director, Middle Georgia Consortium

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Albert Billingslea, Bibb County Commissioner

Jim Brooks, Chief of Police

Dave Carter, Macon City Council President

Kizzie Curry, local businesswoman and community leader

Moira Davis, Administrative Assistant to Mayor Lee Robinson

Emory Greene, Bibb County Commission Chairman

Tom Hagler, Superintendent of Bibb County Schools

George Halford, Executive Director, Greater Macon Chamber of Commerce

Joan Harris, City Attorney

John Hiscox, Executive Director, Macon Housing Authority

Linda Howard, Macon Ad Club

Charlie Howell, Chief Administrative Officer, City of Macon

Tom Hudson, Executive Director Middle Georgia Council on Drugs

Jim Lee, Macon City Councilmember

Filemon Lopez, Cox Cable of Middle Georgia

Joe Pasquesi, Special Agent, Federal Bureau of Investigation

Lee Robinson, Mayor

Vernon Ryle, Executive Director, Planning and Zoning

Ken Sheets, Inspection and Fees Director, City of Macon

Major Terry Singleton, Bibb County Sheriff's Office

Rodney Smith, Macon City Councilmember

Bill Stembridge, District Coordinator, Congressman Roy Rowland

Bettijo Trawick, Projects Coordinator, Economic and

Community Development, City of Macon
Matt Trice, Middle Georgia RDC
Ray Wilkes, Bibb County Sheriff

Next, the Leadership Council on Drugs adopted a mission statement and six goals to move us toward a drug free community. This was the foundation of our strategic plan. The mission statement and goals follow:

MISSION — To eradicate the use of illegal drugs in Macon and Bibb County by a total community effort through a strategic plan coordinating both the law enforcement sector and civilian sector.

GOALS:

Primary
- Reduction of demand by the disruption of the marketplace.
- Reduction of demand through education.
- Reduction of demand through user accountability.
- Reduction of demand through treatment.

Secondary
- Reduction of supply through support of Federal programs.
- Reduction of supply through

interdiction.

The heart of any strategic plan is the strategies and the strategy champions. The following strategies were developed and the plan validated by assigning capable champions that are committed to the strategy. The strategy champions developed the associated tasks and report on the progress every two weeks in the Mayor's Conference Room.

The primary strategies are as follows:

REDUCTION OF DEMAND BY DISRUPTION OF THE MARKETPLACE

* By seizing real property associated with the sale and distribution of drugs.
* Through community organizations that assist law enforcement agencies against drug abuse.
* Through the organization of a "Drug Free Youth Club".
* Through a policy adopted by home owners and real estate companies to screen prospective rental clients, and to identify drug dealers and their organizations, and thereby deny them rights to use the property for illegal gains.
* Through the use of television programs similar to "Crime Stoppers" and through public service announcements during prime time on all television and radio stations.

* Through the use of public service announcements, billboards and radio spots.
* By conducting traffic stops in known, "high traffic" drug areas.
* By targeting local drug "king pins".
* Through the use of a "hot line".

REDUCTION OF DEMAND THROUGH EDUCATION

* To include education against the use of drugs in all vocational training.
* To develop a core curriculum in the Bibb County Public Schools that instructs students on the perils of drug abuse.
* To educate against the use of drugs through the D.A.R.E.(Drug Abuse Resistance Education) in the eleventh and twelfth grades.

REDUCTION OF DEMAND THROUGH USER ACCOUNTABILITY

* To make drug users accountable through pre-employment drug screening by all local governmental entities.
* To make drug users accountable through pre-employment drug screening by all Macon and Bibb County businesses.
* To make drug users accountable by developing a streamlined system to seize assets of drug users.

* By identifying, targeting and incarcerating drug users.

REDUCTION OF DEMAND THROUGH TREATMENT

* To develop user funded alternative treatment programs.
* To develop a treatment plan that addresses the current and anticipated need and to reduce recidivism.

Strategic management is a relatively simple process that enables us to deal with the most complex problem.

Attached are examples of the forms used to guide the process.

The key to this task-strategy-goal-mission concept is a committed strategy champion. This person must be a self starter and high achiever who is personally driven to see that each task is accomplished and the strategy realized.

Middle Georgia is fortunate to have such a person championing the development of a treatment plan that addresses the current and anticipated need to reduce recidivism. Mr. Cecil Baldwin, Administrator of the Macon-Bibb County Health Department, has worked tirelessly

to strengthen what can be the fatal weakness in any local plan, yet this remains our most vulnerable area.

In the Middle Georgia area there are several private facilities for substance abuse treatment but they are primarily inpatient and very costly. There is only one public program which serves up to 23 counties. All services are available to anyone regardless of the ability to pay. The public program offers both inpatient as well as outpatient treatment.

The Macon-Bibb County Board of Health serves as the lead county for Bibb County and the contiguous counties of Monroe, Jones and Twiggs. As such it has responsibility for providing substance abuse services to almost a quarter of a million people. In addition, certain programs such as long term inpatient care, detox and the 28 day program serve 23 counties.

Substance abuse involves the misuse of any chemical that leads to dependency. This includes alcohol as well as the entire list of both legal and illegal drugs.

Inpatient care consists of the following programs.

Detox - A program open 24 hours a day, seven days a week that provides intense medical supervision during a five

day period of bringing a person out from the influence of chemicals and stabilizing him. There are currently 15 beds in this unit and normal occupancy levels approach capacity. This unit, because of the serious health problems many clients have, is a very costly and intense program.

28 Day Program - This unit offers round the clock supervision and care to those who have been detoxed and want to continue toward stabilization and complete withdrawal from their dependency. There is individual and group therapy, family education and counseling groups, daily alcoholics and narcotics anonymous meetings on living skills, relaxation training, recreational therapy and the twelve step study groups. This programs frees the individual of chemical dependency and prepares him to go back into society. At this program the client is introduced to support groups to help keep him chemical free after he goes back into society. There are 20 beds in this unit and it normally has a two week waiting list.

Sustained Recovery - This new program is for those individuals who have not been successful in the 28 day - program but may become successful if they have a longer program of inpatient care. There are 30 beds in this unit with 100% capacity expected as a normal census. This program will offer intense therapy, supervision and job

training over a 4 to 12 month period. This new concept will act as a model for similar counties throughout Georgia.

Adolescent Inpatient - Currently there is no service for this group but a grant is being applied for to start a program. A 16 bed unit consisting of 8 beds for males and 8 beds for females is proposed. This is a major gap in our delivery system.

While inpatient care consists of 24 hour care under the supervision of physicians and nurses, the roles of counselors and therapists becomes more dynamic in the outpatient programs. Outpatient care involves support and treatment to a client while the client lives at home and continues to have a fairly normal life. There are many different outpatient services and they are geared to the individual.

New Start - This program serves 80 clients who are abusers of opiates such as heroin. Although this program was designed to handle only 27, the staff has stretched its resources to include over three times this number. Methadone is dispensed as an alternative to illegal narcotics. Besides methadone dosing, psychiatric consultation, nursing assessment and care, medical assessment and care, counseling, referrals, AIDS testing and education are provided.

Drug Abuse Services - This unit serves around 85 clients who are non-opiate drug abusers. The primary drug dealt with is cocaine and crack cocaine. Individual and group therapy, psycho therapy, psychiatric evaluations and recreational therapy are provided.

Day Treatment - This is a highly specialized program for those who have few social and vocational skills and little or no support for a chemical-free life. A very intense structured program involving therapy, counseling and evaluation is provided to an average of 10 clients.

Outpatient Alcohol Services - This unit serves around 100 clients who meet twice a week for group counseling.

Outpatient Adolescent Services - This is a new service for the adolescent substance abuser. Designed to offer intense counseling to a small number, the present case load is 6.

Street Team - This unique program consists of two former addicts who go into high drug areas to dispense condoms and literature and talk about drug abuse, AIDS and referrals to appropriate services.

In connection with our local war on drugs, a 24 hour treatment phone is manned to offer counseling and referral

to those seeking treatment help. Also a treatment phone connected to the new police hot line is manned 24 hours by nurses or counselors for emergency treatment information and referral.

Local government cannot bear the cost of such extensive treatment programs. We will need assistance from both the State and Federal governments.

This is a quick glance at a comprehensive plan that changes in response to new concepts and needs within our community. There is no pride of authorship, for the strategies listed were gleaned from intensive networking by all of us in the fight. Mayors and Police Chiefs exchange ideas and experiences constantly, as do those involved in prevention and treatment. This is what we have learned thus far:

1. There must be a local plan combining both law enforcement and the community.

2. We are stretching our local funding to the limit; we need federal assistance.

3. We cannot fund treatment at the level necessary through local funding.

4. Our judicial system is not prepared for the war on drugs.

5. There must be a sense of urgency.

Macon and Bibb County have a dynamic plan that will eventually impact drug use in our community. No one on the Leadership Council is under the delusion that we will solve this problem in the next several months yet we maintain our drive and enthusiasm because to rest would mean the end of our beautiful city as we know it now. We are committed for the duration.

Senator ADAMS [presiding]. Thank you very much, Mr. Mayor, for an excellent statement. I have some questions and I know the others do, too, but Senator Kennedy has asked that we proceed through the panel so that we have—you have returned, Mr. Chairman.

The CHAIRMAN. Thank you very much.

Dr. Hignite, we will hear from you.

Mr. HIGNITE. At this time, I would like to share with you our program and how it assists. I have been with the school system, as Senator Coats has previously related, for over 23 years. I wanted to step back a little bit and tell you how I really got involved in the program at Manual High School.

Being a former electronics teacher, I had an opportunity to find a way to work with students. I was a very hard task person, as I was taught in the universities in methods courses, and so forth, and I knew there was something inside me that I could work with students that were sitting back there and not basically being involved.

Introduced to me at that time was a student assistant program concept where we could actually work with the students, understand the students, what is going on in their lives. Through this concept primarily, we can now draw from the student that is actually sitting at the back of the room and work with them in that concept.

We have put the student assistant program as our total umbrella, and underneath that umbrella we have programs such as Just Say No, Natural Helpers, SADD, and our new program called Operation Wake Up.

Dr. Adams, our superintendent of the Indianapolis Public Schools, and Jim Arvin, our drug coordinator, sat down with myself and decided that we ought to have a school in the city that has an individual that really wants to work with kids, as myself.

With the cooperation of Phyllis Lewis, our State Board of Education Director on SAP Programs, we all came up with this particular program in order to work. I think one key issue that I want to identify here is getting the principals, basically, involved in the schools and finding other educators within the buildings to want to work with the kids at a different capacity.

In order to establish our particular program, we went out into the community and decided we have to get the community involved. The following community members participated in our program and are still on, as far as my knowledge, the only drug advisory board in a high school system in the State of Indiana—the following are Hooks; National Starts; Lilies; of course, IPS; Indianapolis Police Department Narcotics Division; the prosecutor's office just came on board this week; Fairbanks Hospital; Kwala; parents teams; and, of course, our staff members.

Our school consists of approximately 1,200 students. Our principal, Eugene Austin, is 1,000 percent behind our program that we have going on at Manual. We have created—well, let us back up just a moment. My program—when I got into the program, we had a 5-year goal to succeed in establishing a drug-free school at Manual High School.

We started out over 3 years ago and this is our first year to create a parent and kid training program prior to school starting for all freshmen that were incoming—introduction to awareness problems, how the parents and kids can relate listening to each other.

This year, we had 60 percent participation in our parenting and teens program coming in, and we feel it was very successful.

Also going along with this, we have created a parent training program once a month prior to our drug advisory board, and at that particular time we actually go through parenting skills and training for the parents and let them respond to what issues really hurt them in understanding their kids.

We have created, for the last 3 years, support groups in the following areas: Alateen, COA, Divorce Recovery, Single Parenting Abuse—sexual, physical, mental, drug and alcohol—and others as the kids basically create these particular issues.

We have every night of the week, Monday through Thursday, after school support group programs at which we average 70 to 80 kids participating in any of these above support sections. The kids have also come forward and asked to have morning sessions, which we will be starting next year to hit an issue of morning sessions.

We started—well, I should back up on that point, too. Back 4 years ago, Operation Snowball, coordinated by Dennis Salinki in northern Indiana, introduced me to a program of how staff and teens can get involved in peer facilitating.

At that time, I attended my first seminar, and I found out that the hard-core teacher that I was, even though caring, could bring myself down to the level of the students and understanding what was in the background and what was in their hearts.

We took 60 kids that first year and trained them in listening skills and how to improve their self-esteem. And we have been doing this for the last 3 years, and last weekend we created our own what we call Operation Wake Up and identified as a new beginning and an ongoing thing that will never end, taking over 100 kids this last weekend—that is probably why I am going to have difficulty talking because out in the country in the cold air, and so forth, I did get a cold, and so did all the kids.

But in our program this weekend, the real issue of what peer facilitating is all about came out. Kids talked to kids. Teachers found themselves bringing themselves down and breaking the barrier of being the adult in the classroom, and they could find out how they could relate to where kids really hurt.

The entire weekend was spent dealing with problems, with speakers from all over the State of Indiana and Illinois talking on issues just as drugs, alcohol, self-esteem, satanism, issues that are being brought to our attention today.

We worked in what we call support group sections at that particular time—the support group sections involved confidentiality, and one thing that is very important in our school building and also in the group is confidentiality. And then we built what we call a trust factor in.

As we completed these programs this weekend—many of the kids started the week out with I do not want to participate because I am not too sure what I am really getting involved in—totally scared.

All of sudden, they walk in the door for registration and the kids and the teen staff and the adult staff are putting their arms around kids, and the kids are looking at, why are they hugging me; what is this going on in this program?

And our program is designed on love; we really care. And as the weekend progressed, the kids found out when they left on Sunday tears flowed happily and sad because they had regained a total friendship in the program.

Now, we are training over 200 kids per semester in positive skill training. They are not counselors; they are listeners. During the day in our school program, we have many actual classes that are half-credit classes. I conduct four training mini-classes during the normal day with the similar kids. We have 200 kids in class one-half hour a day working on listening skills.

These kids go out into the school body and they work with other kids listening to their problems. Not all of our problems are drugs—our problems, as I listed in the support group as we had talked about previously. The particular things that we do are many skill and coping exercises that you have already heard prior to.

The drug-free money that has been provided by the Federal Government in our particular building, as mentioned earlier, is being put to use for the kids, which are the priority. And, of course, I will identify them as the love of my life.

Without these kids getting on the positive track, we are not going to be successful, and that was the issue that I actually wrote to Senator Coats about. We need to do everything that we possibly can for the kids because the kids are crying out.

This is probably the second year that I have seen parents pick up the phone, call the school and ask for help. In our drug program, on our student assistant program, we have created——

The CHAIRMAN. Dr. Hignite, I don't want to interrupt you, but we are going to hear from June Milam as well and we have some questions. Under our usual rules around here, both caucuses begin pretty close to 12:30, and I want to see if we can give June a fair opportunity as well.

If you would like to make some summarizing observations, then we will go to June and then each will have a very brief time with the panel.

Mr. HIGNITE. The only thing I really want to summarize on is the fact that in order to start the student assistant program and to be successful with it, every school should have a good drug enforcement policy.

The CHAIRMAN. June.

Ms. MILAM. Thank you, Senator Kennedy. In the effort of brevity, I am going to just hit some of the high points of my statement, and I am here really to represent the rural area of our Nation, and also to speak in terms of a comprehensive approach.

First of all, I would like to say that I am very distressed because I think that at the national level what we do is we are beginning to take a reactive approach rather than a proactive approach to this war of drugs.

I also feel like we are really committed to fighting it much the way that we fought the Vietnam War, and that is that we are fighting it in a limited capacity. We have not a full commitment

that we are going to win this war and we are beginning to focus on one particular drug at a time rather than looking at it as a total problem.

I feel like we have got to begin to realize that this is not a problem of crack cocaine that we are dealing with today. It is still a substance abuse problem, particularly among our youth, and it involves a myriad of substances beginning with cigarettes and alcohol and running the gamut from pot to designer drugs.

Furthermore, it is not just a problem of inner city youth and adults. It is as prevalent and as violent proportionately in our rural and smaller metropolitan areas as it is in our large urban cities and States. If you leave us out, the smaller, less urban States, and you don't think of us as part of this battle, then you will lose the war on drugs.

I am not going to dwell upon all the statistics in Mississippi, but I will tell you that in terms of trying to fight this with law enforcement alone, in the past 10 years we have spent over $285 million just housing our criminal population in our State. Our recidivism rate is 59 percent, and 75 percent of our criminal population are there because of alcohol and drugs.

The same holds true with our youth, and this is an important factor. Seventy-percent of our young people that are in our training centers are there because of drugs and alcohol, and yet we have only 26 beds in our entire State that are State-supported for juvenile treatment. We look to the Federal Government for help on this particular issue, and then I look at the existing formula block grant allocations and Mississippi, along with several other States, will receive no increase under the proposed formula, when 31 other States will receive increases in excess of 20 percent equity on this particular issue.

We also have a large gang problem in Mississippi, as it is in other States; it is proportionate in our State. That is because we have youth that have low levels of income, little, if any, education, and exist in sub-standard housing, just as they do in Los Angeles, in New York, and in Boston. So don't leave us out when you think in terms of how we are going to deal with these young people that have those same problems.

The substance abuse problem is multifaceted, and indeed it is pervasive throughout our United States and we are going to have to wage this war addressing that.

I had several things that I wanted to mention to you. I think you have heard it over and over again today that we have got to put more money into the prevention effort, and it is the only way that we can be proactive in our approach.

The other thing that really has distressed us for years, those of us that are in the field—and you have addressed this issue already today—is that of accountability. We were astounded when Congress appropriated the Drug-Free Schools and Communities Act and sent all the money flow-through to the schools, with no flow-through to the people and the superintendents who were going to be spending this money. And all that happened was we had 3 years in many school districts of just wasted dollars out there.

Congress needs to address the issue of accountability.

Second, and tied to the first, we need more training at the local level, more conference money that will reach into the States at the local level. I have had the opportunity to hear Mary Ann Pentz at national conferences. I am aware of what the research is telling us, and I am trying to get that into our States and down to our local people, but they don't have the resources to go to national conferences and so we need to be able to replicate some of that information at the local level.

Third—and this is important, too—where is our national data? I am just really astonished that in a crisis situation with the drug epidemic, we have no uniform statistics in this Nation, not on what the prevalence of use is, nor on what programs works. And this was another thing that Ms. Pentz was addressing, and I think the Congress of the United States needs to address this issue. We are constantly looking for data. We need to know what the problem is, and we also need to know what works.

Fourth, prevention dollars need to be more easily accessed by local programs. I sat on a review committee for the OCEF grants for Federal dollars. It is very difficult for a local program to ever access any of that money because they are not sophisticated grant-writers. And when we had training, OCEF had wonderful training conferences on how to write grants, but there again the local programs had no money to access that. So we need to address that particular issue.

Fifth, we need a national, unified effort in prevention that addresses the various social, economic and ethnic groups—an all-out campaign that incorporates the needs of each of these groups in addressing prevention strategies, and yet unites each under a unified desire. This forces us to look at the substance abuse problem as a multifaceted problem, and says that strategies must also focus on housing, job opportunities, education, and the like.

It doesn't mean that we necessarily have to appropriate huge increases in money, but it does mean that we have to have absolute collaboration among any agency or organization dealing with any aspect of the problem. It means that we have to be willing to cut out duplication of effort—and there is a lot of duplication and a lot of needs going unmet—and put them into other areas.

It means that we have to pool our resources in terms of both manpower and dollars, and you have heard how that is being done today in many of the local programs. But we have to do this at the Federal level, at the State level, and at the local level. And it means, more especially, that we have to eliminate turf-guarding and turfism at every level.

In summary, Mississippi, as do other rural States, has a drug problem with its youth. You define the criteria in the Drug-Free Schools and Communities Act for those children that are at risk. In Mississippi, if we follow those, we have over one-fourth of our population based on poverty alone that are at risk. Don't leave us out when you think in terms of solving the drug problem in this Nation.

[The prepared statement of Ms. Milam follows:]

PREPARED STATEMENT OF JUNE M. MILAM

To Senator Kennedy, Senator Hatch, my own Senator, Thad Cochran, and to the other distinguished Senators on this Committee, I wish to thank you for allowing me to speak before you on a subject that is of just as vital importance to my rural state of Mississippi as it is to the other states of this nation.

Ladies and Gentlemen, I must tell you that as a citizen of this nation, I am very distressed by what I see happening at the national level concerning the problem of substance use and abuse and the proposed solutions. It appears that more and more we, as a nation, are taking a re-active approach to this issue rather than focusing on a pro-active initiatives. You, and the rest of your colleagues in the Congress of the United States, are our leadership, and we look to you to set the parameters in which we will wage this "War on Drugs". But the battle plan, so far, is designed, just as it was in the Vietnam War, to be a limited fight with no seemingly real desire or commitment to win. Instead, it appears that we merely want to limit its escalation in certain areas of the nation. Furthermore, we seem only to be concerned with a few specific "enemies" namely cocaine and its more potent form crack. When we adopt this approach, we may eventually get some level of control of those specific drugs, (not elimination mind you), but what we really do allow is some other enemy to creep in and take its place. Need I remind you that eight years ago our major focus was on marijuana, and marijuana eradication. While we put our emphasis on this one specific drug, "the then current enemy of our nation", we allowed the illegal cocaine industry to escalate to the point that it has today.

My point is this: As long as we continue to fight this "War" primarily with guns and prisons; and as long as we have Generals guiding this "War", who are not even united in how, when, and where we are going to fight it, and react to skirmishes rather than develop battle plans; and as long as we continue to send our troops into battle without being trained, and by that I don't mean just law enforcement, I include our teachers, and our parents, and our grandparents and our children; and as long as we continue to have a "War" with no recognized heros; and as long as we continue to fight this "War" <u>one substance at time</u>; then you can rest assured that we <u>are</u> going to lose this "War".

I was told that when I came to testify, that this would be my forum to put before you what I feel and believe. I know that you may choose to ignore what I say, but as one who is "in the trenches" daily, and as one who is not here to ask for help or money for my own specific program, I hope that you will take to heart some of the issues that I am going to raise. I think that I will be speaking not only for the citizens of my rural state of Mississippi, but for citizens across this nation who have personally discussed this issues with me. From California, to New York; from New Mexico to Virginia; and in Louisiana, Florida, Illinois, Washington, Oregon, South Dakota, and Montana, they all are saying the same thing.

FIRST, THE DRUG PROBLEM IS NOT A PROBLEM OF CRACK AND COCAINE! ESPECIALLY AMONG YOUTH. IT IS A SUBSTANCE ABUSE PROBLEM, AND THERE ARE A MYRIAD OF SUBSTANCES INVOLVED, BEGINNING WITH CIGARETTES AND ALCOHOL AND RUNNING THE GAMUT FROM POT TO DESIGNER DRUGS. FURTHERMORE, IT IS NOT JUST A PROBLEM AMONG INNER CITY YOUTH AND ADULTS. IT IS AS PREVALENT, AND AS VIOLENT, PROPORTIONATELY IN OUR RURAL AND SMALLER METROPOLITAN AREAS AS IT IS IN OUR LARGE URBAN CITIES AND STATES!

Ladies and Gentlemen, if you leave us, the smaller less urban states, out and don't think of us as part of the battle front--- you lose the "War"!

Seventy-five percent of the inmates in our prison system in Mississippi are there due to drug and alcohol related problems. In Mississippi, one of the poorest states in the nation, our taxpayers are having to spend $80,000,000 dollars to finance two additional prisons to house the criminal population in our state. Among our juveniles in our Training Centers, the same percentage holds true - 75% who are there were under the influence of drugs or alcohol at the time they committed their crime. Our penal recidivism rate in Mississippi is 59%. Over a ten year period of time, we have spent $284,828,728 just housing our criminal population. We're asking our taxpayers for an additional 3 billion dollars for more narcotics agents so that we can have at least one agent for every county. But that won't do any good, unless we get an additional $400,000 dollars for drug analysts in our crime lab. Otherwise, we can't even prosecute those that we have apprehended! And God knows, how many go unapprehended.

My point ladies and gentlemen is, that even if we were successful in apprehending not all, not even most, but just some additional drug users and dealers in Mississippi, THE SYSTEM IS NOT CAPABLE OF HANDLING IT. And, I doubt very seriously that it is in any other state in the nation.

Now if 75% of our youth and 75% of our adult prison population are under the influence at the time of their crime, and if our recidivism rate is 59%, then obviously, we have people in need of substance abuse treatment in Mississippi. Our office alone referred over 200 chemically dependent youth to treatment last year. But get this. In Mississippi, we have 26 beds, read my lips, as President Bush would say, 26 beds for adolescent treatment that are state supported. And we are talking about a state that has 4.4% of its youth who are admitted IV drug users. We are in desperate need of additional treatment beds, not only for our youth, but for our adults as well. In our state supported treatment hospital the waiting list is over 200 on any given day. Our addicted youth of today, become our addicted adults of tomorrow. Our Youth Court Justices who are now becoming educated about substance abuse, want to break the cycle of crime among Mississippi's youth, but unfortunately, there is

nowhere to send these youthful offenders that are also chemically dependent.

On this issue we need help from the Federal Government. And then I look at the existing formula block grant allocations, and Mississippi along with several other states, will receive no increase under the proposed formula, when 31 states have increases in excess of 20 percent? Why? Are you telling me, that Texas, California, and yes, even Mississippi don't have people and more, especially youth, with substance abuse problems?

Mississippi, along with other rural states, has a gang problem. And why shouldn't we? Large percentages of our population have low levels of income, little if any education, and exist in sub-standard housing. These youth, just as those in the inner city ghettos, feel that they have nothing to lose. Gangs, and dealing drugs are just as much a way out for them, as it is for those in the ghettos of Los Angeles, New York, or Boston. Two years ago, I was told by a gentleman in California, that the Crips had targeted youth in Mississippi for gang proliferation. He urged me to call a Superintendent in Omaha, NE who was then currently facing the Crip infiltration problem. He urged me to do all that I could to alert people to what was coming. No one believed it could happen in rural Mississippi. But now it is here, and the guns, and the crime and the killings, and the drug dealing are no different proportionately in Mississippi than they are elsewhere.

The substance abuse problem is multi-faceted. It goes beyond Columbian Cocaine Mafia, and the Medellin Cartel. It is pervasive throughout our United States.

If Congress indeed wants to wage war, and win, then several things must be done. Congress primarily will wage this war through appropriations. I would like to suggest the following:

Number one, we must put the bulk of our emphasis on prevention. It is the only way that we can be pro-active than re-active. More money must be specifically appropriated for prevention. When Congress first appropriated funds under the Drug-Free Schools and Communities Act, one of the things that astonished many of us in the field, was the vast amount of flow through money to schools that had virtually no accountability attached to it. Additionally, there was no education, or training for those who were to be spending the money. Remember that example I used earlier about sending troops into battle, with no training on how to wage war. Well that is exactly what happened. Now, several years later, there is "some" but still precious little in terms of accountability. Congress needs to address that issue.

Second, and tied to the first, we need more training at the local level, - more conference money, that will reach into the states at the local level. National conferences are vitally important.

but they are seldom accessible to the local "foot soldier" running a program. National conferences need to be replicated for those at the local level. They vitally need the information.

Third, where is our national data? I am astonished that we are in a crisis situation with this drug epidemic, and we have no uniform data, either on the extent of the problem or on what programs work within given socio-economic, and ethnic settings. Our method of collecting data, our high school senior's survey, while helpful, certainly doesn't tell us much about those that dropped out in elementary or junior high school. Where is the data on prevention and intervention programs? If we can amass vast statistical information on defense, why can't we have a central repository for data vital to those of us who need to know what the problem is (the diagnosis) and what programs to prescribe (the prescription).

Fourth, prevention dollars need to be more easily accessed by local programs. I am constantly being approached by local organizations that have good program ideas and are looking for funding. Federal dollars, unless they are flow-through to the state, are very difficult for locals to access, simply because they are not sophisticated grant writers. Send more money directly to the states.

Fifth, we need a national unified effort in prevention that addresses the various socio-economic and ethnic groups. An all out campaign that incorporates the needs of each of these groups in addressing prevention strategies, and yet unites each under a unified desire. This forces us to look at the substance abuse problem as a multi-faceted problem, and says that strategies must also focus on housing, job opportunities, education, and the like. It doesn't mean that we necessarily have to spend huge increases in money. IT DOES MEAN THAT WE HAVE TO HAVE ABSOLUTE COLLABORATION AMONG ANY AGENCY OR ORGANIZATION DEALING WITH ANY ASPECT OF THE PROBLEM. IT MEANS THAT WE HAVE TO BE WILLING TO CUT OUT DUPLICATION OF EFFORT WHERE THERE IS DUPLICATION, AND TAKE THOSE DOLLARS AND PUT THEM INTO OTHER AREAS TO MEET ADDITIONAL NEEDS. IT DOES MEAN THAT WE HAVE TO POOL RESOURCES IN BOTH MANPOWER, AND DOLLARS, AT THE FEDERAL, STATE AND LOCAL LEVEL. IT MEANS THAT WE HAVE TO ELIMINATE TURFISM. AND I PURPORT TO YOU THAT YOU COULD BEGIN THAT IN CONGRESS.

In summary, Mississippi, as do other rural states, has a drug problem, with its youth and with its adults. When you look at the criteria for high risk youth as defined in the Drug Free Schools and Communities Act, then over 1/4th of our children are at risk. To use a former health problem as an analogy, when our nation was besieged with the dreaded polio virus, we didn't keep buying iron lungs for all those people who were going to be sick. We inoculated our children, so that they would never become sick. We must not continue to put prevention last in our efforts to control the nation's drug problem. We changed society's thinking about smoking. We can do it with illegal drugs, too. COLLABORATIVE PREVENTION. INCLUDE US ALL. IT DOES WORK.

The CHAIRMAN. Thank you very much, the whole panel, for very interesting, different approaches to the problem. And I think those that are out on the firing line understand that it isn't only the supply demand, but the demand side that we are going to have to deal with. I am very much encouraged with the bipartisan compromise that was worked out last night that moves additional resources into the areas of prevention and education.

I have one question. We heard earlier, about how in one school it is working and has had some success. And one of the things that we are seeing is that it isn't just the education program; it is the community kind of involvement. This is replicated in the Kansas City model, the Seattle model, and other models.

So we see that if we get the school trying to work and bring together the kinds of local resources that are out there, which all of you have referred to, whether it is the counseling, bringing together the courts, the law enforcement, the education, the parents, the peer counseling, all of these elements together, you begin to get a coordinated approach.

We have obtained some guidance or some examples from some of the school systems. We also recognize the important component of getting the community involved.

We can deal with schools, working through local school boards and through various other kinds of associations, the PTA, where they are active, and other kinds of groups. Institutionally, for enterprising principals, there are elements to communicate with and they can do very, very important work.

But the real question is how we support the community-based systems. How do we give that kind of encouragement? Does it just depend on the energies of a local mayor or, as we heard earlier today, resourceful businessmen in Kansas City, and also in Indianapolis, who might be involved with a particular community?

All of you make the case for the community-based systems, and obviously they have an impact, but how do we try and encourage that, and do it in a responsible way that is going to have accountability which identify those programs that work and those that don't?

Mr. ROBINSON. Senator Kennedy, I made a step just last night talking to our Department of Community Affairs, and also to the Institute of Government at the University of Georgia.

We are beginning to export preliminary steps in packaging and exporting a plan to all of our cities and counties so that we can build a community-based plan. We are on the leading edge of all this. I am traveling now to Valdosta, to Dublin, GA, to Savannah, and others, working with other mayors in doing it. And I just told them that there is only so much of me to go around, so we are trying to get the school system, the smart guys, and also to get our Department of Community Affairs and our own local municipal organizations involved in it.

If we can package one, I think it is easy to work out an accountability. I think you can have some basic criteria that say that we can fund certain aspects of this plan, and we could do that and I think that criteria could be built into a funding system up here.

The CHAIRMAN. Maybe each of you could provide a brief answer to that, and then I will ask my colleagues to ask questions.

Mr. HIGNITE. One of the things that really bothers me, coming back on to your question there, the student assistant plan that we have which we started—we have 150 people trained this summer by Phyllis Lewis at the State Board of Education.

The problem that we are having is the funding that is really not coming out to take that one individual to work with 5,000 kids. Right now, we have half of a teacher working with 20,000 and 30,000 kids, which is totally impossible, especially if you are trying to work with the high school level, the junior high level, and the elementary level.

Our funding is just not going to be able to be spread in order to staff—and I think for every 5,000 kids in a community, we ought to at least have one student assistant program, and I am not sure how that money is going to come about.

Right now, we are using very little of the Federal funds that are coming in for that. We are using most of it for the drug education and what peer facilitating we have in our own building.

The CHAIRMAN. June.

Ms. MILAM. Well, two things I would like to say. No. 1 is the research that Ms. Pentz has done and other research says that even if you have school-based programs and you don't tie it back to the community and the child goes out and doesn't see the same thing, then it doesn't work.

So you ask what can you do, what can Congress do. Two things, I think, Congress can do. First, you as national leaders can set the tone and you can begin to talk more and more wherever you go about the need for the full community being involved.

Second, under the Drug-Free Schools and Communities Act, much of that money goes to the—well, not much of it; part of it goes to the governors' portion, and more and more of that can be allocated for local programs. You can appropriate more money that goes into that specific fund for that, and also the money that goes into prevention through the block grant moneys.

The CHAIRMAN. Senator Coats.

Senator COATS. Dr. Hignite, you were here listening to the testimony of Jeff Miller from the Dade County school, and I know that there are certain things that obviously parallel what you are doing at Manual and what they are doing in Florida.

Were there any differences, or what is your evaluation of their program and the applicability to yours? How much should we look at that as a model?

Mr. HIGNITE. I think really one thing that he brought out—and I am not sure whether he brought out that he had a specific policy; I don't know whether I caught that or not. I come back to my last statement I made at closing that every school must have a policy in every situation. How do we handle each situation, each student as they present it?

Our program is a first, second, or third-offense type of situation, coming under the student assistant program, basically. We do not—and understand this—we do not want that kid to be a dropout, even though he is using. And most of the kids we are encountering, whether it is a personal problem or a substance problem, the thing is they are at the experiment stage right at this time. So,

therefore, I believe they can be helped in school, and I think that is what is going on in his program that we parallel.

Senator COATS. Well, do you agree with his assessment that you have to set a zero tolerance standard, and that expulsion is the final sanction in that policy that has to be there as a bottom line?

Mr. HIGNITE. Expulsion has to be the bottom line. The only difference that we do with our expulsion in our policy is we give them the choice of in-house treatment versus expulsion.

Senator COATS. As a final condition?

Mr. HIGNITE. As a final condition. In other words, if they will follow the program of 30 or 45 days' in-house treatment, then after treatment they may come back into the school, with the documented papers that they have fulfilled their obligation.

Senator COATS. Well, it is similar, though, isn't it?

Mr. HIGNITE. It is similar, right.

Senator COATS. I think he called it a work-back program, and I guess that is similar to what you are saying.

Mr. HIGNITE. It is similar.

Senator COATS. But you are also saying that it is the combination of setting the standard and the tough policy where this is our goal with the assistant support programs working in tandem. You can't have one without the other. A school that just says you are on drugs, you get caught, you are out, isn't going to be effective, and a school that says you are on drugs, don't worry about it, we have got a program for you, and there is no final sanction, that is not going to work either. It has got to be the two in combination. I think that is what he was saying. Do you agree with that?

Mr. HIGNITE. Yes.

Senator COATS. And what about your assessment in terms of dealing with the parents? I asked Mr. Miller the question about, well, what if you find a situation of a single parent—it wouldn't necessarily have to be a single parent, but a parent that is just not responsive that is a substance abuser himself or herself. How do you handle that?

Mr. HIGNITE. In our situation where we have a kid and the parent, or it is a COA situation, primarily I work with the kid first. In other words, we work with the kid in the support group situation. We work one-on-one in counseling.

With the parent, we try, and I go into the home myself and I talk to the parent—mostly in denial; we find most of them in denial. And we keep working and keep working. If we can't change the parent, then we come back to coping skills for the kid.

Senator COATS. One last question. Your description of your program, the weekends and before school and after school and support, and so forth, getting into the values and morals, and so forth—in a sense, what we are asking you to do is to become family and parent and church and community and grandparents and everything else to the kids, aren't we? I mean, isn't that what you are saying?

You are providing all that support that kids used to get through the family, the extended family, the church on the corner, the community, the neighborhood, Mrs. So-and-So looking out for the kids, and so forth, and so on. Isn't that what you are substituting?

Mr. HIGNITE. That is what we are doing.

Senator COATS. That is a tremendous load we are putting on you.

Mr. HIGNITE. It is a tremendous load, and that is why we are doing in-service work within our school buildings and we are getting almost 100 percent of our staff participating in the support groups, not only the outside groups from Koala and Fairbanks coming in and working our support groups, but we are also getting staff members that are doing individual counseling, working in our programs, and so forth; so, in other words, taking a lot of the burden off myself and being a shared task in the system.

Senator COATS. So you are saying, come here and we will teach you how to read and write and do arithmetic, but we will also teach you how to relate to each other and how to live and how to handle these outside pressures and problems, and we have to build self-esteem and we will be your parents when your parents aren't there.

Mr. HIGNITE. To the best of our ability, we try to do that.

Senator COATS. That is a big load that we are laying on the schools.

Mr. HIGNITE. But it is working.

Senator COATS. It has got to come from somewhere, and it is tragic that it can't come from the family, but it is not in a lot of cases, or the extended community or extended family, and I guess we are looking to the schools to make up for that. That puts a lot of demands on teachers and systems.

Mr. HIGNITE. You know, it is so exciting because it is fun and, in essence, it gives you a lot of peace of mind. But right now we have 200 in the program and I have 400 signed up for the second semester program, so the kids see the merits of it.

Senator COATS. Thank you.

The CHAIRMAN. Senator Durenberger.

Senator DURENBERGER. Mr. Chairman, I want to thank the mayor for his initiatives in Middle Georgia and for laying that all out for all of us, and I think that is an example for everybody in this country that we need to emulate, and Dr. Hignite for your commitment as an educator to doing so much more than educating, and June for coming up there as a typical Mississippian saying we are too poor to do all the things we would love to do.

I was just leaning over to Thad, and we have been talking about this for the 11 years that we have been here. In even a so-called poor State like Texas, I always like to say, if you put the same tax on the same income and property and everything in Mississippi and Texas, you would raise half as much money in Mississippi as you do in Texas. These inequities in the way that we try to help folks between two neighbors like Mississippi and Texas have got to drive you crazy.

I looked at this and it says you have got 26 adolescent in-patient beds in Mississippi that are State-supported. I mean, we have got that in Minnesota on one ward where some of the Chairman's nephews have been treated and where some of my kids have been treated.

The disparity in America between those of us who are lucky enough to come from places that, say, 10 or 15 years ago got ahead of the curve and those of you have been incapacitated from doing it by the lack of financial resources and a whole lot of other things is

a really serious problem that I don't think we in this system here ever adequately address.

And so I want to tell all three of you how much I appreciate your pointing that out to us; also, June, for your pointing out to us the problems of rural America. There are only about 30 percent of the folks that live out there yet, I suppose, and yet all these programs are focused on large places, you know, where they have 1,200 kids in the school and that sort of thing.

Now, if you want to put your kid on a bus and ship them for 2 hours to some other school, maybe you can get the benefit of the training. But the kid can't stay after school; he has to go back to that other community in the little town where they can't afford to have all these programs.

And, again, it is a missed focus for those of us who do business in a city of 3.5 million people, or come from cities of 2 million people. We think everybody lives in those kinds of settings, or that we ought to be able to put them on a bus. Well, you can put them on a bus and go get formal education, but at 4 o'clock in the afternoon they have got another hour to get home and you can't get them into these programs. I think that is a dimension that we are missing out on. We miss out in this area; we miss out on a lot of other areas of services. So I am really grateful that you spoke up for rural America, too.

Maybe the last observation that I want to make to the Chairman because this is such an incredibly appropriate committee—one is the work that the Chairman has done in advancing the cause of youth service in this country. And we passed a bill out of here, and a couple of Republicans supported it, I guess—two of us—and I sent mine home.

I had a bunch of young people put something together and one of the first things they told us—and I am going to get this to you, Mr. Chairman, as soon as possible—was tie your youth service and all that sort of thing in with this drug business. If it is a matter of esteem, if it is a matter of attitude, if it is matter of having something to do with your idle time, if it is a matter of wanting to feel good about your role in the community as a person, to say nothing of your role in the family or relationships; here is a great opportunity if we do youth service correctly.

And the last point, again, because of the appropriateness of this committee, sort of deals with the issue of accountability and responsibility, and so forth. One thing I remember about the drug bill last year—we argued it for 3, 4, 5, or 6 days, and it wasn't until about 1:30 a.m. in the morning that one of the Members of this committee, who happens to be Tom Harkin from Iowa, got up on the floor of the Senate and went through a magazine with us and he showed us all the liquor advertising in the magazine and all the cigarette advertising in the magazine, and said, we have just spent a week talking about, like you say in your statement, Colombia and cocaine and heroin and all that sort of stuff. But look at right here in this popular magazine, this is substance abuse. That is what we are talking about.

And the whole effort to sort of pre-test, pre-screen, find out who is in drugs, and so forth, I think some of us fear is going to discourage some people who really need help.

So when we in this committee—hopefully, we will talk about employee assistance programs; we might even have the nerve to talk about the Senate ought to have an employee assistance program, which we don't have. I don't know what you do with your staff if they have a substance abuse program, but I have got nobody to turn to.

And if I, as an adult, had somebody to turn to, I might become a little bit smarter when I see it in my own kids or in my neighborhood or when some teacher walks up to me and says, hey, your kid has got a problem, and I say, oh, come on, not my kid, and that sort of thing.

So, again, this is a wonderful place to discuss these issues because we can come at them from a variety of roles that a variety of people have, including the employers, including other people like that.

And so I just want to salute the three of you for the personal commitments. It is quite obvious that you are committing a large part of your lives to this, and we are searching here for our personal roles in this effort by way of Federal policy. And I think you all have been very, very helpful to us.

There is one question I would like to ask, but I know I am taking Thad's time and the Chairman's time, but if you had only one thing that we ought to do differently from what we are doing now, is there one thing that any one of you would pick on, or is that too simplified a question, June?

Ms. MILAM. Don't rush.

Senator DURENBERGER. Amen. That is great.

Ms. MILAM. Take time and really look at the issues, and sit back and gather enough information before we throw all the money out there.

Mr. HIGNITE. I think one thing in her favor, and also the mayor's favor, is to put out there a free bed, or more free beds, because the communities we are dealing with right now cannot—I have kids that do not get into treatment right away, and I think that is one of the key things we need to look at. I have kids that are ready, but they can't—they just don't have the money to go.

Mr. ROBINSON. I think when you are adopting national policy, it is incumbent that you encourage through your policy the creation of community-based effort. If you don't have that, then no matter what your effort at this level is, if it is not received well, if the community is not prepared to receive your assistance, then, in essence, it is lost.

And I think it is real important during your deliberations to continue to remember that the community has to have some kind of plan. It doesn't have to be like I outlined, but it needs to be a plan and it doesn't have to be spearheaded by a mayor; it could be spearheaded by any kind of community organization.

Ideally, the mayor or the chairman of the county commission ought to be doing it, but that has to be there. It has to be in place. If you simply funnel it down to the State—and I can say this having been a former State senator—it can also stop there and it will never really go much further than the State level. So you have to insist on a community-based program.

Senator DURENBERGER. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Cochran.

Senator COCHRAN. Mr. Chairman, thank you. I am in favor of June Milam becoming our next drug czar. I really think that her presence here and the statement she made today clearly indicate some very careful, thoughtful suggestions that we need to implement at the national level—an information-based prevention program that coordinates all levels of government and private organizations that exist now and are trying to do something about this drug abuse problem.

I don't know the details of the legislation that we would draft, but I think if we continue to work with people like this panel here, we would be well on our way to coming up with some very important, new, effective methods and procedures to follow when we are trying to deal more effectively with the problem.

We have run out of time and these witnesses have been very, very patient, waiting through the testimony and the questions of the first panel. I want to thank all of them, and especially June Milam, for being here and adding so much to our hearing today.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Cochran. We have invited the panelists today to take a look at the amendments that we are going to be offering to the appropriations bill. We haven't received the administration's specific legislative provisions, only in outline form. But it did seem to us that if we are going to be appropriating money this year, and utilizing the testimony on the programs that have been effective, we need to organize the broadest kind of coalition, and try to start focusing on recommendations heard today.

We would invite any of the panelists to take a look at these measures. Quite frankly, it has been slow in coming because unless we get the satisfactory outcome with regard to the increased funding, there wasn't really going to be much desire to start work on another appropriations bill. So we had to work out an agreement, which has worked out, and we are going to be addressing these issues in the next couple of days.

So we are not following your good advice about going slow, but in any event the train is going out and the question is whether we can at least try to resist some of those areas which have not been as productive as others. And we are trying to do that in a way of comity around here, and we would invite all of you to assist us. You can make whatever comments that you would like. So I have instructed the staff, and to the extent that you have the time available, take a look at our legislation and if you have some suggestions, we would certainly welcome them; I would, and I think I speak for the panel.

Thank you very, very much. The committee stands in recess.

[Whereupon, at 12:47 p.m., the committee was adjourned.]

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